2012

GLOBAL PROGRESS REPORT

on implementation of the WHO Framework Convention on Tobacco Control

FCTC

WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL

2012

GLOBAL PROGRESS REPORT

on implementation of the
WHO Framework Convention
on Tobacco Control

FCTC
WHO FRAMEWORK CONVENTION
ON TOBACCO CONTROL

WHO Library Cataloguing-in-Publication Data

2012 global progress report on implementation of the WHO Framework Convention on Tobacco Control.

1.Tobacco industry – legislation. 2.Smoking – prevention and control. 3.Tobacco use disorder - mortality. 4.Tobacco – adverse effects. 5.Marketing - legislation. 6.International cooperation. 7.Treaties. I.World Health Organization.

ISBN 978 92 4 150465 2 (NLM classification: WM 290)

ACKNOWLEDGEMENTS

This report was prepared by the Convention Secretariat, WHO Framework Convention on Tobacco Control. Appreciation is expressed to the WHO Tobacco Free Initiative for the support provided in relation to section 4 of the report, and the research team of the World Bank in relation to section 3.2.

Graphic design and layout by: Punto Graphico
Printed in France.

CONTENTS

1. INTRODUCTION

This global progress report for 2012 is the fifth in the series. It has been prepared in accordance with the decisions taken by the Conference of the Parties (COP) at its first session (FCTC/COP1(14)), establishing reporting arrangements under the WHO Framework Convention on Tobacco Control (WHO FCTC), and at its fourth session (FCTC/COP4(16)), that harmonized the reporting cycle under the Convention with the regular sessions of the COP; furthermore, decision FCTC/COP4(16) requested the Convention Secretariat to submit global progress reports on implementation of the WHO FCTC based on the reports submitted by the Parties in the respective reporting cycle for the consideration of the COP at each of its regular sessions.

The scope of this global progress report is threefold:

- first, it provides a global overview of the status of implementation of the Convention, on the basis of the reports provided by the Parties in the 2012 reporting cycle;[1]
- second, it tracks progress made in implementation of the Convention between different reporting periods;[2]
- third, it draws conclusions on overall progress, opportunities and challenges, and provides key observations by article.

In the 2012 reporting cycle the Secretariat received reports from 126 Parties (72%) of the 174 that were due to report. Throughout this report, unless otherwise mentioned, the information is based on reports submitted by those 126 Parties.[3]

The report follows as closely as possible the structure of the Convention and that of the reporting instrument.

---

[1] The period for submission of Parties' implementation reports was from 1 January to 30 April 2012. The Secretariat has been able to include, in this 2012 global progress report, the reports received within this period, and also the reports submitted by the Parties by 15 June 2012. In accordance with decision FCTC/COP4(16), Parties that submitted an implementation report in 2011 were not required to report again in 2012. Therefore, reports of the Parties submitted in 2011 were counted as part of the 2012 reporting cycle. Of the 126 reports, 31 were submitted in 2011 (with updates presented by some Parties in 2012) and 95 in 2012.

[2] Namely the reports submitted between 2007 and 2010, and those in 2011–2012.

[3] Afghanistan, Albania, Algeria, Antigua and Barbuda, Australia, Austria, Azerbaijan, Bahamas, Bahrain, Bangladesh, Barbados, Belarus, Belgium, Benin, Bhutan, Bolivia (Plurinational State of), Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Bulgaria, Burkina Faso, Cambodia, Canada, Central African Republic, Chad, Chile, China, Colombia, Comoros, Congo, Cook Islands, Costa Rica, Croatia, Cyprus, Democratic People's Republic of Korea, Denmark, Djibouti, Ecuador, Egypt, Estonia, Fiji, Finland, France, Gabon, Gambia, Georgia, Germany, Ghana, Greece, Guatemala, Guyana, Honduras, Hungary, Iceland, Iraq, Ireland, Israel, Italy, Japan, Jordan, Kazakhstan, Kuwait, Kyrgyzstan, Lao People's Democratic Republic, Latvia, Lebanon, Lesotho, Libya, Lithuania, Madagascar, Malaysia, Mali, Malta, Mexico, Micronesia (Federated States of), Mongolia, Montenegro, Namibia, Nepal, Netherlands, New Zealand, Niger, Norway, Oman, Palau, Panama, Paraguay, Peru, Philippines, Portugal, Qatar, Republic of Korea, Republic of Moldova, Russian Federation, Rwanda, San Marino, Sao Tome and Principe, Senegal, Serbia, Seychelles, Sierra Leone, Singapore, Slovenia, Solomon Islands, South Africa, Spain, Sri Lanka, Saint Kitts and Nevis, Saint Vincent and the Grenadines, Sudan, Suriname, Swaziland, Sweden, Togo, Tonga, Trinidad and Tobago, Tunisia, Turkey, Tuvalu, Ukraine, United Arab Emirates, United Kingdom of Great Britain and Northern Ireland, Vanuatu, Viet Nam, and Yemen.

2. OVERALL PROGRESS IN IMPLEMENTATION OF THE CONVENTION

Current status of implementation[4]

Overall implementation status across all substantive articles of the Convention was assessed according to implementation rates[5] of key provisions referred to in the reporting instrument for each article. In brief, this included analysis of 138 indicators deriving from the reporting instrument across 16 substantive articles (see Annex 2 for the list of indicators).

The articles attracting the highest reported implementation rates, with more than 65% average implementation rates across the 126 Parties analysed, are, in descending order, Article 8 (*Protection from exposure to tobacco smoke*), Article 12 (*Education, communication, training and public awareness*), Article 16 (*Sales to and by minors*), and Article 11 (*Packaging and labelling of tobacco products*).

They are followed by a group of articles for which the reported implementation rates are in the range 40% to 60%, namely, and again in descending order, Article 15 (*Illicit trade in tobacco products*), Article 5 (*General obligations*[6]), Article 10 (*Regulation of tobacco product disclosures*), Article 20 (*Research, surveillance and exchange of information*), Article 14 (*Demand reduction measures concerning tobacco dependence and cessation*), Article 6 (*Price and tax measures to reduce the demand for tobacco*), Article 9 (*Regulation of the contents of tobacco products*), and Article 13 (*Tobacco advertising, promotion and sponsorship*[7]).

The articles with the lowest reported implementation rates, of less than 25%, are Article 18 (*Protection of the environment and the health of persons*[8]), Article 22 (*Cooperation in the scientific, technical and legal fields and provision of related expertise*), Article 19 (*Liability*), and Article 17 (*Provision of support for economically viable alternative activities*[9]) (see Figure 1).

Progress in implementation between reporting periods

An attempt was also made to assess the progress made globally in implementation of selected treaty articles between the two reporting periods.[10] There is considerable overlap of Parties in both report groups, allowing for reasonable comparison (107 Parties are represented in both groups). The indicators selected were those that consistently appear across the reporting periods. A total of 59 indicators[11] that allow such comparison were used in assessing the progress made in implementation.[12]

---

4 As at 15 June 2012.

5 Implementation rates were calculated as the percentage of Parties (of all reporting Parties) that provided an affirmative answer in respect of implementation of each provision.

6 Implementation rates varying from 41% for Article 5.3, on protection from the interests of the tobacco industry, to 68% for Articles 5.1 and 5.2 combined, covering multisectoral coordination, legislation, strategies and programmes.

7 Including a comprehensive ban on cross-border advertising, promotion and sponsorship originating from its territory in line with Article 13.2.

8 Only responses for the Parties reporting that the provisions related to tobacco cultivation and manufacturing are applicable to them were taken into account.

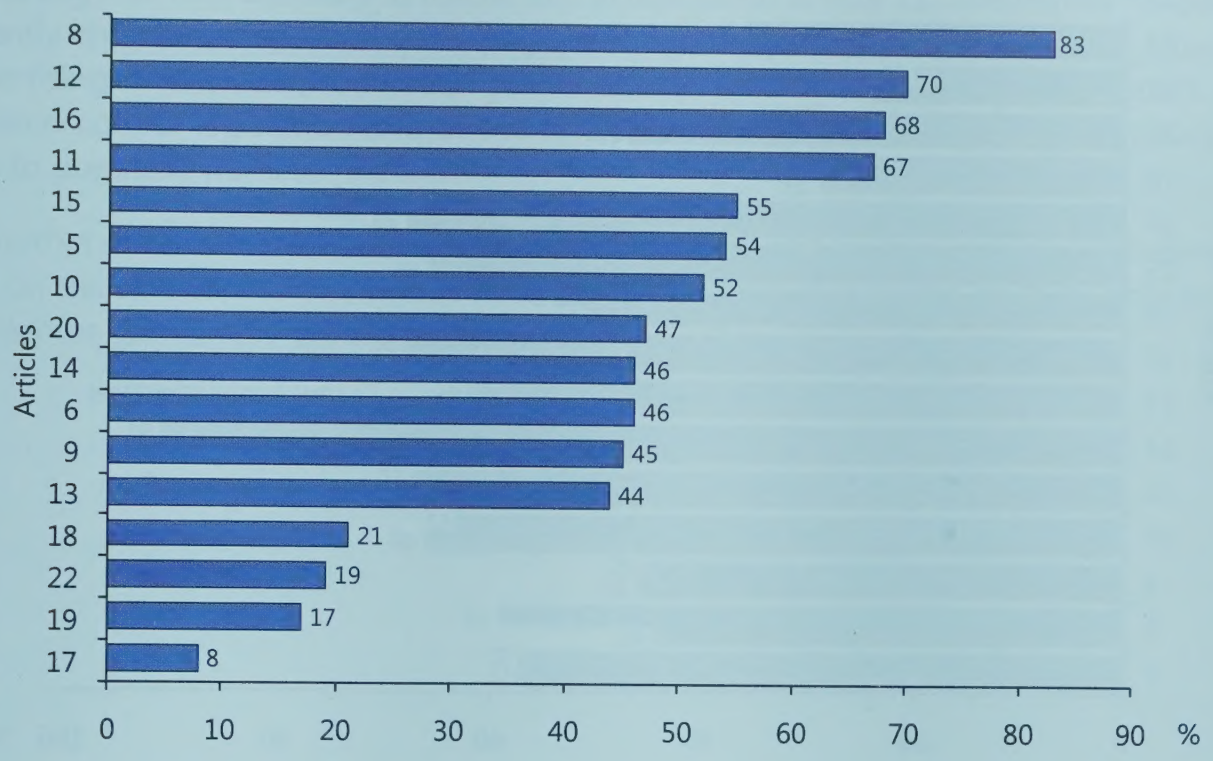
9 Only responses for the Parties reporting that the provisions related to tobacco growers, workers and individual sellers are applicable to them were taken into account.

10 Namely the reports submitted between 2007 and 2010, and those in 2011–2012.

11 See Annex 2.

12 Due to the specific nature of data on tobacco taxation and pricing, the progress made in implementation of Article 6 is described under that article.

Figure 1. Average implementation rates (%) of substantive articles



There are three articles that attracted relatively high positive changes over the two reporting periods. The average rate of implementation[13] of provisions in Article 8 increased by 15 percentage points (from 44% to 59%); the next highest positive change was seen in regard to Article 13 (+12 percentage points for the comprehensive advertising ban[14]); followed by Article 12 (+11 percentage points). In four other articles progress is slower: Article 16 (+7 percentage points); Article 20 (+5 percentage points); Article 22[15] (+4 percentage points); and Article 14 (+3 percentage points). In the remaining cases the change is less notable (see Figure 2).

Overall, the average rate of implementation of treaty provisions across all substantive articles has increased by 4 percentage points over that period, from 52% by 2010 to 56% in 2012.

A similar exercise to be concluded in 2014 would have a broader base of comparison due to the achieved stability of the reporting instrument. In the meantime, it is vital that efforts to improve comparability of reported data are continued and strengthened. Such efforts should include enhancing reporting capacity in countries, strengthening the knowledge, skills and training of reporting officers, and facilitating treaty-specific data collection at the national level by promoting a common understanding of the data requirements of the reporting instrument. The Secretariat's proposals for further development and promotion of definitions and indicators used in the reporting instrument are to be considered by the COP at its fifth session.

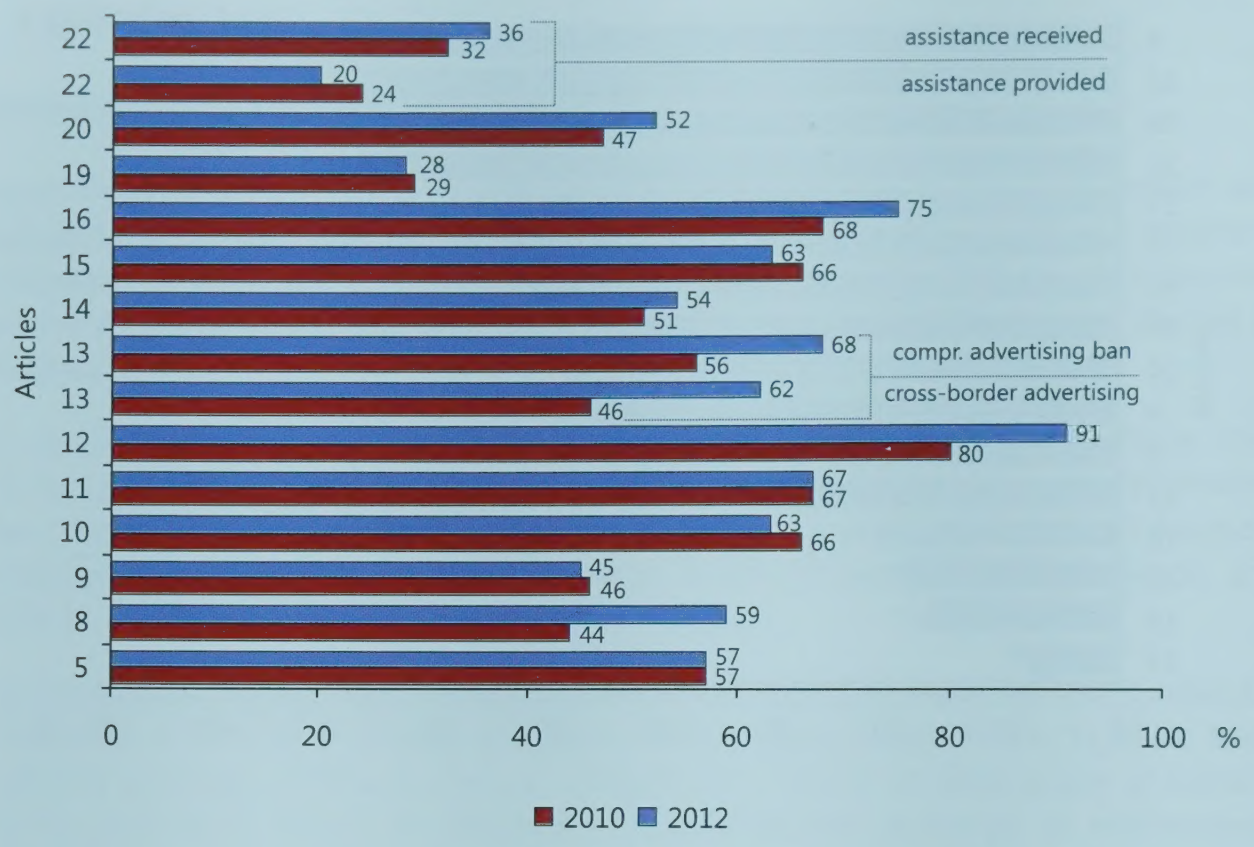
As an additional observation in relation to progress made, information available from the 159 Parties that have submitted at least one implementation report starting from 2007 indicates that 79% of the Parties strengthened their existing laws or adopted new tobacco-control legislation after ratifying the Convention (see section 3.1). However, the current reporting instrument does not allow an assessment of the comprehensiveness of such legislation and its full compliance with the Convention.

[13] Implementation rates were calculated as the percentage of Parties that provided an affirmative answer in respect of implementation of each analysed provision of the 107 Parties with comparable reports over the two reporting periods.

[14] The change across reporting periods on the inclusion of cross-border advertising, promotion and sponsorship originating from a Party's territory in the comprehensive ban is even steeper (+16 percentage points).

[15] In relation to implementation assistance received by Parties.

Figure 2. Changes in percentages of average rates of implementation by article



Parties also provided their own assessments and explanations of the progress they have made in implementing specific requirements of the treaty in their responses to the open-ended questions that are placed in all policy sections of the reporting instrument. The number of Parties reporting on progress varies widely across different articles. Almost 100 Parties reported progress in the areas of education, communication, training and public awareness; developing tobacco-control legislation, strategies and action plans and establishing supporting infrastructure; and promoting smoke-free environments. In contrast, less than 20% of Parties reported progress in the areas of liability; alternatives to tobacco growing; and protection of the environment. Irrespective of the numbers, sharing such information allows Parties to identify other Parties with relevant experience and promotes dissemination of good practices.

Examples of recent strong achievements

Many Parties reported on recent stricter measures they have taken in implementation of the Convention, in line with Article 2. These measures mark strong achievements, as, inter alia, called for by the guidelines adopted by the COP, which in some cases may inspire accelerated implementation of the Convention internationally. Some examples are provided below.

In relation to Article 8, an emerging trend concerns the extension of smoking bans to include partly covered or outdoor areas, for example beaches (in some Australian states) and playgrounds and parks (for example, in Canada). In relation to Articles 9 and 10, Brazil has banned the use of additives in cigarettes and other tobacco products sold in the country. In relation to Article 11, some Parties have considerably increased the size of their pictorial health warnings – for example Uruguay (to 80%) and Mauritius (to 65%)

Pictorial warning in Uruguay.
Photo courtesy of Ministry of Health, Uruguay.

– and Australia requires plain packaging of tobacco products with some other Parties indicating that they are likely to follow suit. In relation to Article 13, nine Parties[16] reported recently implementing a ban on displays of tobacco products and five Parties[17] a ban on advertising of tobacco products at points of sale. In relation to Article 16, Nepal's new tobacco-control legislation forbids the sale of tobacco products not only to minors but also to pregnant women.

In another development, Bhutan reported adopting legislation requiring a comprehensive ban on the sale of tobacco, and Finland and New Zealand reported on their endeavours to become completely tobacco-free.

[16] Australia (at subnational level), Canada, Finland, Ireland, Nepal, New Zealand, Norway, Palau and Panama.

[17] Australia (at subnational level), Finland, Ireland, Nepal and Ukraine.

3. IMPLEMENTATION OF THE CONVENTION BY PROVISIONS

3.1 General obligations *(Part II of the Convention)*

Article 5 *General obligations*

This Article requires Parties to establish essential infrastructure for tobacco control, including a national coordinating mechanism, and to develop and implement comprehensive multisectoral tobacco-control strategies and plans, as well as tobacco-control legislation, and to ensure that this process is protected from the interests of the tobacco industry. The Article also calls for international cooperation and refers to raising the necessary financial resources for implementation of the Convention.

Comprehensive tobacco-control strategies, plans and programmes (Article 5.1). Over half of the Parties (74) reported having such strategies, plans and policies, and several also indicated the specific challenges they face in relation to this obligation under the Convention, which has overarching importance and impact. In addition, 21 Parties[28] actually provided the relevant text, either as a web link or as an annex to their implementation reports. Forty-three of the Parties that reported not having standalone, comprehensive tobacco-control strategies, plans and programmes indicated that tobacco control is embedded in other national strategies and plans with broader scope (such as: health promotion, noncommunicable disease prevention, cardiovascular disease prevention, cancer control, drugs, alcohol and tobacco, national development plans, and health sector strategic plans).

In most Parties such programmes are led by health ministries (alone or in coordination with an agency subordinated to them), and their responsibilities in relation to these programmes include planning, implementation, coordination, follow-up and evaluation. In Parties with federal systems, the responsibility for developing and implementing the national programme is shared with states, regions and/or municipalities. When providing additional details, several Parties also indicated challenges or setbacks. For example, Sao Tome and Principe and Yemen indicated that while a national action plan exists, its implementation has been delayed due to the lack of funding, and Paraguay indicated that the budget dedicated to implementation of the tobacco-control programme has been reduced.

Infrastructure for tobacco control (Article 5.2(a)). Parties reported on whether they have established or reinforced and financed a focal point for tobacco control, a tobacco-control unit and a national tobacco-control coordinating mechanism.

- *Focal point for tobacco control.* Most of the Parties (102) reported that they have designated a national focal point for tobacco control. However, in some cases the responsibilities of this focal point cover multiple areas, which may indicate that national capacity for tobacco control remains insufficient.
- *Tobacco-control unit.* Over half of the Parties (76) reported having established a tobacco-control unit. In most cases, such units are hosted by the health ministry or a public health agency under the supervision of the health ministry. Several Parties provided additional details. Afghanistan and Peru indicated that they plan to establish a tobacco-control unit in their health ministries, while in Malaysia and Spain the capacity of the existing units has been strengthened.

[28] Australia, Belarus, Brazil, Burkina Faso, Chad, Congo, Cook Islands, Djibouti, Equador, Fiji, Germany, Kyrgyzstan, Latvia, Madagascar, Philippines, Republic of Moldova, Sweden, Turkey, Ukraine, United Kingdom and Viet Nam.

- *National coordinating mechanism for tobacco control.* More than two thirds of Parties (91) reported having such a coordinating mechanism in place. In most cases this mechanism takes the form of a high-level multisectoral committee, involving all relevant government departments and agencies, as well as other stakeholders, and which is established by law or another executive or administrative measure. Such mechanisms are usually chaired by the health minister and the secretarial functions are usually carried out by the tobacco-control unit and/or focal point for tobacco control. When providing additional details, several Parties (Antigua and Barbuda, Congo, Senegal, and Trinidad and Tobago) emphasized that such committees exist (had been established by administrative means) but were not yet operational and properly funded.

Adopting and implementing effective legislative, executive, administrative and/or other measures (Article 5.2(b)). Parties' reports show that most progress in implementation of the Convention is achieved through the adoption and implementation of new legislation or the strengthening of already existing tobacco-control legislation.

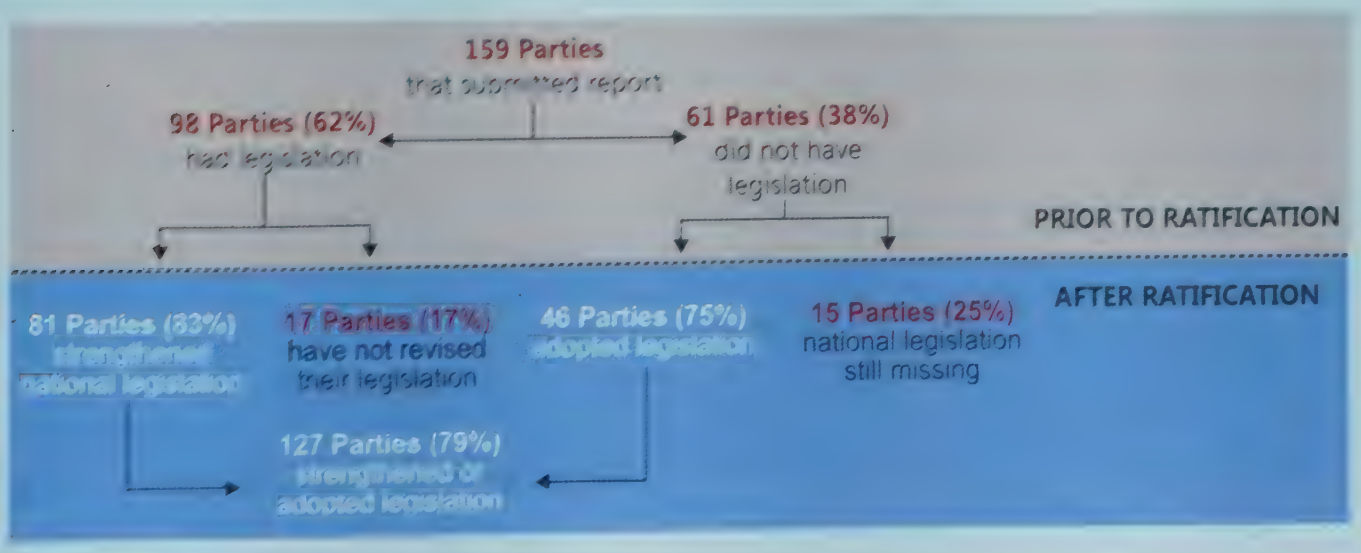
Forty-six Parties[19] adopted national legislation after ratifying the Convention; of those that already had legislation at the time of ratification, 81 reported that they strengthened their legislation after ratification (see Figure 3). Once adopted and implemented, enforcement of existing legislation is vital to effective implementation.

In many jurisdictions, regulations or implementation decrees are required to implement legislative and executive measures adopted by national parliaments. Parties' experiences indicate that the time lag between the adoption of legislation and the development of such regulations or decrees varies substantially, and that the process may be delayed by internal factors (e.g. lack of technical capacity) or challenges initiated by the tobacco industry. Many Parties consider the development of regulations to be a priority in relation to implementation of Article 5 of the Convention.

Key observations

Implementation rates of key measures under Article 5.1 and Article 5.2 of the Convention have hardly changed since the publication of the 2010 global progress report, and the average of the implementation rates of such provisions currently stands at 68%.[20] The share of Parties reporting the development and implementation of comprehensive multisectoral national strategies, plans and programmes increased by 10 percentage points from 49% in 2010 to 59% in 2012. Additionally, as noted above, more than three

Figure 3. Adoption of legislative, executive, administrative and other measures (as per Article 5.2(b)) in relation of ratification of the WHO FCTC



[19] Out of the 159 that have submitted at least one implementation report.

[20] See the section on "Overall progress in implementation of the Convention": if combined with the average of the implementation rates of measures related to Article 5.3 (41%), the combined rate drops to 54%.

quarters of Parties strengthened their existing legislation or adopted new tobacco-control legislation after ratification of the treaty.

In spite of the progress reported in this area, challenges still exist in many countries. One fifth of the Parties (24) reported not having a national focal point for tobacco control and in some cases the responsibilities of this focal point cover multiple areas, which may indicate that national capacity for tobacco control at administrative and technical levels remains insufficient.

Although more than two thirds of the Parties (91) indicated that they have a national coordinating mechanism for tobacco control, the operation of such mechanisms still requires strengthening. On the one hand, the range of government agencies and institutions involved should be broadened to ensure that all relevant sectors of the government can contribute to implementation of the Convention. On the other hand, improving the functionality of the mechanism is also necessary, especially in technical and financial terms.

In 15 Parties tobacco-control legislation is still missing; in addition, 17 Parties have not revised their previous tobacco-control legislation after ratifying the WHO FCTC, in order to meet their obligations under the treaty. At the same time, an interesting trend is emerging concerning the content of tobacco-control legislation: Parties have started including in such legislation several areas of the Convention that, in most countries, were traditionally covered by national strategies or action plans (e.g. Articles 5.3, 12, 14, 19 and 20).

In spite of the challenges, Parties reported that obligations falling under the scope of Article 5 remain highly relevant to them. More than half of the Parties that reported on any priority included implementation of Article 5 among those priorities; the most frequently mentioned priorities include: adoption and implementation of legislation, including the development of related regulations; development of national tobacco-control strategies and action plans; enforcement of the legislation in place; strengthening capacity for tobacco control, including reinforcement of the focal point or tobacco-control unit; and the establishment of an intersectoral committee for tobacco control.

Protection of public health policies from commercial and other vested interests of the tobacco industry (Article 5.3). Over half of the Parties (68) reported that they have taken steps to prevent the tobacco industry from interfering with their tobacco-control policies. However, only around a quarter of the Parties (34) reported taking measures to make information on the activities of the tobacco industry available to the public, as referred to in Article 12(c).

One quarter of the Parties (35) also provided information on the progress they have made in implementing Article 5.3.[21] Burkina Faso, Djibouti and Namibia, for example, have included specific references in their recently adopted tobacco-control legislation to measures under Article 5.3.

The recommendations proposed to Parties in the guidelines for implementation of this Article were also examined. The most frequently mentioned area of progress in this regard, reported by 24 Parties, was the establishment of measures to limit interactions with the tobacco industry and to ensure the transparency of those interactions that occur. The next most frequently mentioned areas (nine Parties each) concerned efforts to raise awareness (especially among government officials and the general public) about tobacco industry interference with the setting and implementation of public health policies, and measures to avoid conflicts of interest for government officials including the development of codes

[21] Examples of implementation of Article 5.3 communicated through the reports of the Parties are available at: http://www.who.int/fctc/parties_experiences/en/index.html

of conduct. Progress in ensuring that information provided by the tobacco industry is transparent, accurate and denormalizing and, as far as possible, regulating activities described as "socially responsible" by the tobacco industry were reported by six Parties each. Finally, four Parties reported that they have made progress in rejecting partnerships and non-binding or non-enforceable agreements with the tobacco industry and two Parties reported denying preferential treatment to the tobacco industry, as recommended by the guidelines.

Key observations

Implementation rates of measures related to Article 5.3 (41%) have hardly changed since the publication of the 2010 global progress report. At the same time, the experiences of several Parties may be worth disseminating among other Parties, especially where these are in line with the recommendations of the implementation guidelines. An increasing number of Parties include in their national tobacco-control legislation measures that are required under Article 5.3 and are recommended in the relevant guidelines.

On the other hand, the tobacco industry is also strengthening its efforts to interfere with the adoption and implementation of advanced legislation and regulations, mostly in the areas of packaging and labelling and the promotion of tobacco products. The lawsuits initiated by the industry may endanger and delay implementation of strong measures under the Convention in these areas. Assistance to Parties in countering such activities needs to be strengthened through information sharing and technical and legal advice.

3.2 Reduction of demand for tobacco *(Part III of the Convention)*

Article 6 *Price and tax measures to reduce the demand for tobacco*

Under this Article Parties are obliged to implement tax policies that contribute to the health objectives aimed at reducing tobacco consumption; the Article also refers to prohibiting or restricting sales of tax- and duty-free tobacco products.

Of the 126 Parties that submitted an implementation report in the 2012 reporting period, 98 provided sufficient information to enable an analysis to be made of taxation and/or pricing of tobacco products. Nearly two thirds of the Parties (81) reported implementing tax policies that contribute to the health objectives aimed at reducing tobacco consumption.

Most of the data in Parties' reports refer to cigarettes. For other tobacco products, data were insufficient for the calculation of price indices or average tax rates, and therefore only cigarette taxes and prices were taken into account during the analysis. Weighted averages were used when relevant.

Taxation. The information contained in Parties' reports has enabled a detailed analysis of excise duties, value-added and other similar taxes, and import duties (see Table 1).

Excise taxes. The absolute majority of Parties that provided data on taxation (84) reported levying some form of excise tax on cigarettes. With respect to the application of various forms of excise taxes (ad valorem, specific or both), there are important differences in the predominant type of cigarette taxation that Parties impose. For example, around half of the Parties in the WHO African Region and in the Region of the Americas reported that they levy ad valorem tax only, whereas Parties in the European Region tend to favour a combination of ad valorem and specific excise taxes. Half of the Parties in the Western Pacific Region, including Japan, Australia and New Zealand, reported applying a specific excise tax only, whereas the same share of Parties in the Eastern Mediterranean Region reported that they do not impose excise taxes.

Table 1. Parties levying excise tax, value-added tax (VAT)/goods and services tax (GST)/sales tax and import duty on tobacco products, by WHO region

WHO region	Excise tax					VAT/GST/sales tax		Import duty	
	Levied				Not levied (or structure not known)	Levied	Not levied (or not known)	Levied	Not levied (or not known)
	Ad valorem only	Specific only	Both ad valorem and specific	Total					
African	13 (56%)	6 (26%)	2 (9%)	21 (91%)	2 (9%)	18 (78%)	5 (22%)	12 (52%)	11 (48%)
Americas	8 (44%)	4 (22%)	3 (17%)	15 (83%)	3 (17%)	15 (83%)	3 (17%)	7 (39%)	11 (61%)
South-East Asia	1 (25%)	1 (25%)	0	2 (50%)	2 (50%)	3 (75%)	1 (25%)	2 (50%)	2 (50%)
European	0	4 (14%)	25 (86%)	29 (100%)	0	26 (90%)	3 (10%)	2 (7%)	27 (93%)
Eastern Mediterranean	2 (20%)	0	3 (30%)	5 (50%)	5 (50%)	4 (40%)	6 (60%)	6 (60%)	4 (40%)
Western Pacific	2 (14%)	7 (50%)	3 (22%)	12 (86%)	2 (14%)	10 (71%)	4 (29%)	7 (50%)	7 (50%)
Global	**26 (27%)**	**22 (22%)**	**36 (37%)**	**84 (86%)**	**14 (14%)**	**76 (78%)**	**22 (22%)**	**36 (37%)**	**62 (63%)**

Value-added tax (VAT). Seventy-six Parties reported that they apply VAT or any of its alternatives, such as sales tax or goods and services tax. VAT or sales taxes are applied in the majority of the Parties across all the regions, except, in general, in the Parties of the Eastern Mediterranean Region, which maintain a preference for import duties without other forms of taxation, including excises.

Import duties. The imposition and the importance of import duties tend to reflect the structure of external trade and production of each country. For example, import duties are predominant in the taxation structure of many Parties of the African and Eastern Mediterranean Regions and some small economies of the South-East Asia and Western Pacific Regions, which tend to rely more widely on import duties as a revenue collection mechanism.

Total tax burden on cigarettes. Sixty Parties provided enough data to enable the calculation of the total tax burden (excise plus other taxes) in their average cigarette prices (see Table 2). Based on the available information, the global average of the total tax burden on cigarettes is 59.4%, although there are significant differences between the Parties and regions. For example, the South-East Asian Region was found to have the lowest regional average and the European Region the highest. Cigarette tax burden heterogeneity seems to be higher when individual countries are analysed. In the present sample of reporting countries, the minimum tax burden was 7% and the maximum 86.3%, indicating great intra-regional heterogeneity.

Changes in taxation across reporting cycles. Several trends in taxation of cigarettes may be observed. First, the proportion of countries levying excise taxes has increased from 67% in 2010, when the previous global progress report was issued, to 85% in 2012. Second, the proportion of Parties with specific rates or a mixed system increased from 49% in 2010 to 58% in 2012. Finally, it is important to note regional preferences for certain types of excise taxation: ad valorem systems are preferred by Parties in Africa and the Americas, mixed ones by European Parties and specific rates in the Parties of the Western Pacific (see Table 3).

Prices. Average reported prices for a pack of cigarettes have been increased from US$ 2.53 in 2010, as noted in the previous global progress report, to US$ 3.81 in 2012 (see Table 4). This increase is observed across Parties in different WHO regions, except in South-East Asia. Minimum prices have also experienced significant increases, particularly in the African and European Regions and in the Region of the Americas. With regard to South-East Asia, information from more Parties is needed to enable definitive conclusions to be drawn about trends in tax policies and price outcomes.

Table 2. Total tax rates levied by Parties on cigarettes by WHO region *(% of average retail prices)*

WHO region	Total tax rates levied by Parties on cigarettes (%)		
	Minimum	Maximum	Mean
African	32.0	80.3	55.5
Americas	7.0	75.0	57.9
South-East Asia	10.0	51.0	30.5
European	12.0	86.3	68.9
Eastern Mediterranean	33.0	67.0	49.8
Western Pacific	22.5	75.0	57.6
Global	**7.0**	**86.3**	**59.4**

Table 3. Percentages of Parties reporting on types of tobacco excise taxation across reporting periods, by WHO region

WHO region	Excise tax (2010)					Excise tax (2012)				
	Levied				Not levied (or structure not known)	Levied				Not levied (or structure not known)
	Ad valorem only	Specific only	Both ad valorem and specific	Total		Ad valorem only	Specific only	Both ad valorem and specific	Total	
African	19	22	7	48	52	56	26	9	91	9
Americas	42	42	0	84	16	44	22	17	83	17
South-East Asia	20	40	0	60	40	25	25	0	50	50
European	7	22	51	80	20	0	14	86	100	0
Eastern Mediterranean	13	6	19	38	62	20	0	30	50	50
Western Pacific	18	45	14	77	23	14	50	22	86	14
Global	**18**	**28**	**21**	**67**	**33**	**27**	**22**	**37**	**86**	**14**

Other measures concerning prices and taxation of tobacco products and the economics of tobacco

Tax- and duty-free tobacco products. Less than one third of the Parties (38) reported that they prohibit or restrict duty-free sales to international travellers and less than half of the Parties (57) prohibit or restrict imports by international travellers of tax- and duty-free tobacco products.

Earmarking tobacco taxes for health. Parties' reports indicate that some of them add a given percentage to the excise tax in order to collect revenues for special purposes, including health, while others earmark a given share of collected tobacco taxes. Fourteen Parties[22] provided information on earmarking. New tobacco-control legislation adopted in recent years in three Parties (Costa Rica, Namibia and Nepal) foresees the establishment of specific funds to be used, at least in part, to fund tobacco-control programmes. Three Parties (Cook Islands, Lao People's Democratic Republic and Viet Nam) indicated in their

Table 4. Mean average prices per pack of 20 cigarettes (US$) for different reporting periods, by WHO region

WHO region	Mean average prices per pack of 20 cigarettes (US$)	
	2010	2012
African	1.31	1.94
Americas	2.87	3.20
South-East Asia	1.13	0.79
European	3.70	5.87
Eastern Mediterranean	1.21	1.47
Western Pacific	2.60	5.54
Global	**2.53**	**3.81**

[22] Algeria, Austria, Costa Rica, Iceland, Ireland, Mongolia, Namibia, Nepal, Panama, Philippines, Qatar, Republic of Korea, Serbia and Yemen.

reports that they consider the establishment of health promotion funds or foundations to be the priority in ensuring sustainable funding for implementation of the Convention.

Economic burden of tobacco use. Only approximately one quarter of the Parties (35) provided data in this area. As tobacco-related costs continue to rise and impose heavy burdens on health systems, devoting resources to monitoring these costs and reporting reliable data will be increasingly important. Of the 35 Parties, six (Denmark, Hungary, Japan, Netherlands, New Zealand and Norway) provided numerical information with regard to direct and indirect costs of tobacco use on their societies. Data reveal substantial direct costs imposed by tobacco use on health-care systems, which increase substantially (by 6–10 times) if indirect costs (e.g. lost life years and health-related life quality) are also taken into account.

Key observations

Overall the trends across the reporting periods are promising, with increases in the proportion of countries levying excise taxes and Parties applying specific rates or mixed excise systems. However, there are still significant differences between the Parties and regional groups in terms of levels of taxation and prices of tobacco products. The collection and provision of data related to tobacco taxation and pricing, as required by the Convention (in Article 6.3), are still a challenge in a number of Parties, especially in the case of tobacco products other than cigarettes. The same applies to data concerning the economic burden of tobacco use, which Parties are required to provide in the reporting instrument.

The reports also show that, overall, it is still the case that less than half of the Parties prohibit or restrict sales to and imports by international travellers of tax- and duty-free tobacco products, and that limits on imports are more often applied than prohibition/ restriction of sales. Such figures have not changed globally since the previous global implementation report.

Article 8 *Protection from exposure to tobacco smoke*

Article 8 addresses the adoption and implementation of effective measures to provide protection from exposure to tobacco smoke in indoor workplaces, public transport, indoor public places and, as appropriate, other public places. In 2008, the COP adopted guidelines for implementation of Article 8,[23] which include a five-year timeline for Parties to achieve universal protection from exposure to second-hand tobacco smoke.

Measures on protection from exposure to tobacco smoke and the type/nature of the measure. A total of 120 Parties reported that they implement measures to protect their citizens from exposure to tobacco smoke by applying a ban (either complete or partial) on tobacco smoking in indoor workplaces, public transport, indoor public places and, as appropriate, other public places through a variety of measures: in the majority of cases (93) by means of national legislation, in other cases (49) by administrative and executive orders, but in some Parties (23) by voluntary agreements; several Parties reported employing a combination of such measures. Twenty-four Parties indicated that they have a subnational law in place and 18 referred to other types of measures such as: municipal by-laws, government cabinet decisions, internal policies or regulations applied to particular settings, ministry of health circulars/ordinances, the tobacco-free villages initiative movement, etc. Only six Parties reported not having any such measure(s) in place.

More than two thirds of Parties (90) also reported on progress in implementation of Article 8. In most cases (34), progress concerned the adoption and entry into force of new legislation or the strengthening of previously existing smoke-free legislation. Ecuador explicitly mentioned that in developing the relevant legislation the content of the Article 8 guidelines was taken into account. Fifteen Parties reported expanding the scope of their existing smoke-free rules or strengthening enforcement through measures such as increasing penalties for non-compliance, developing and distributing "no smoking" signs to concerned businesses, and making the application and collection of fines more effective. In addition, nine Parties reported that they are currently developing new smoke-free measures.

Among Parties amending their legislation, there is a notable trend towards extending the coverage of bans on tobacco smoking to partly covered or outdoor areas and to common areas of residential buildings. Australia, for example, reported that three states have recently adopted smoke-free

DATA ON LEVELS OF EXPOSURE TO TOBACCO SMOKE IN PARTIES' REPORTS

In the reporting instrument, Parties are required to report on whether they have quantitative information concerning exposure to tobacco smoke among their citizens, details on such exposure (including, where appropriate, a gender breakdown and where such exposure occurs) as well as the year and source of the information.

More than three quarters of Parties (97) that reported in 2011–2012 indicated that they have national data on exposure to tobacco smoke. Thirty-six of these Parties reported on exposure among 13–15 year olds, using either the Global Youth Tobacco Survey (GYTS) or the Global School-Based Student Health Survey (GSHS). Six Parties were able to report on the population aged 15 years or more using only the Global Adult Tobacco Survey (GATS), and five Parties reported data collected through the WHO STEPwise approach. The remaining Parties reported data collected through a combination of international data collection tools, independent national health surveys, or work undertaken with universities or through collaboration with national associations and societies.

While many Parties provided high-quality sources of information, there is a need to further improve data collection in this area. Furthermore, the most frequently reported single source of information for exposure data is the GYTS, but this survey is limited to the narrow age group of 13–15 year olds. It would be useful for Parties to integrate collection of information on exposure to tobacco smoke into their health data collection initiatives, including national surveillance systems, as required by Article 20.2 of the Convention and to report on such data in line with requirements of Article 21.1 (d).

[23] See: *WHO Framework Convention on Tobacco Control: guidelines for implementation. Article 5.3; Article 8; Articles 9 and10; Article 11; Article 12; Article 13; Article 14.* Geneva, World Health Organization, 2011.

legislation to cover (in addition to indoor areas) outdoor eating and drinking areas, underage functions and patrolled beaches and playgrounds. Canada reported that comprehensive smoke-free legislation has been passed in all subnational jurisdictions, while numerous municipalities have adopted by-laws or policies to prohibit smoking in outdoor public places, such as patios, playgrounds and parks, since submission of the previous implementation report.

More generally, in relation to subnational jurisdictions, Germany reported that two of its states have adopted complete smoking bans in public places. In Mexico, two states have adopted subnational laws that are stricter than the national smoke-free legislation. The Plurinational State of Bolivia and the United Arab Emirates reported introducing by-laws in four cities and three emirates, respectively. In contrast, the Netherlands reported implementing less restrictive policies than previously reported, exempting small pubs from the smoking ban in 2011.

As recommended in the Article 8 guidelines, an education campaign leading up to the implementation of newly adopted legislation will increase the likelihood of smooth implementation and high levels of voluntary compliance. Twelve Parties reported that they have undertaken such campaigns.

A poster from the campaign sensitizing the population to smoke-free legislation. Photo courtesy of Ministry of Health, Seychelles.

Settings covered by various degrees of bans on tobacco smoking. The 120 Parties that reported taking measures to protect their citizens from exposure to tobacco smoke were required to indicate the types of public places to which their bans apply, and whether their bans are "complete" or "partial". The reporting instrument covers 16 settings, including indoor workplaces, public transport facilities and indoor public places.

Of all the settings referred to in the reporting instrument, aeroplanes, health-care facilities and ground public transport facilities are the places most frequently covered by a complete ban on smoking. At the other end of the scale, only between 40 and 45 Parties reported enacting a complete ban applicable to private workplaces, restaurants, pubs, bars and nightclubs (see Figure 4).

If different categories of public places are analysed separately, some important observations can be made.

Indoor workplaces. In this group, health-care facilities, educational facilities (universities excluded) and government buildings are the workplaces most frequently covered by a complete ban on tobacco smoking, reported by 95, 91 and 81 Parties, respectively. Private workplaces are less protected from exposure to tobacco smoke; only just over one third of Parties (44) reported enacting a complete ban in such workplaces (see Figure 5).

Indoor public places. Although such places are, in general, less likely to be covered by a complete ban, they are also the settings that are most likely to be covered by a "partial" ban. Finally, the places least likely to be covered by a complete ban, and the most likely not to be covered by any tobacco smoking regulation at all are pubs, bars and nighclubs (see Figure 6).

Public transport. Of all settings, it is different types of public transport that show the greatest range of numbers of Parties implementing bans: for example, 106 Parties reported instituting a complete ban on smoking in aeroplanes, while only 10 Parties reported the same for private vehicles. After aeroplanes, the next most widely covered types of transport are ground public transport facilities and motor vehicles used as places of work (e.g. ambulances, delivery vehicles and taxis) – complete bans of smoking for these settings were reported by 93 and 77 Parties, respectively. In the case of trains and

Figure 4. Number of Parties (*of 120 Parties that provided information on this area*) applying various degrees of bans on tobacco smoking, by setting

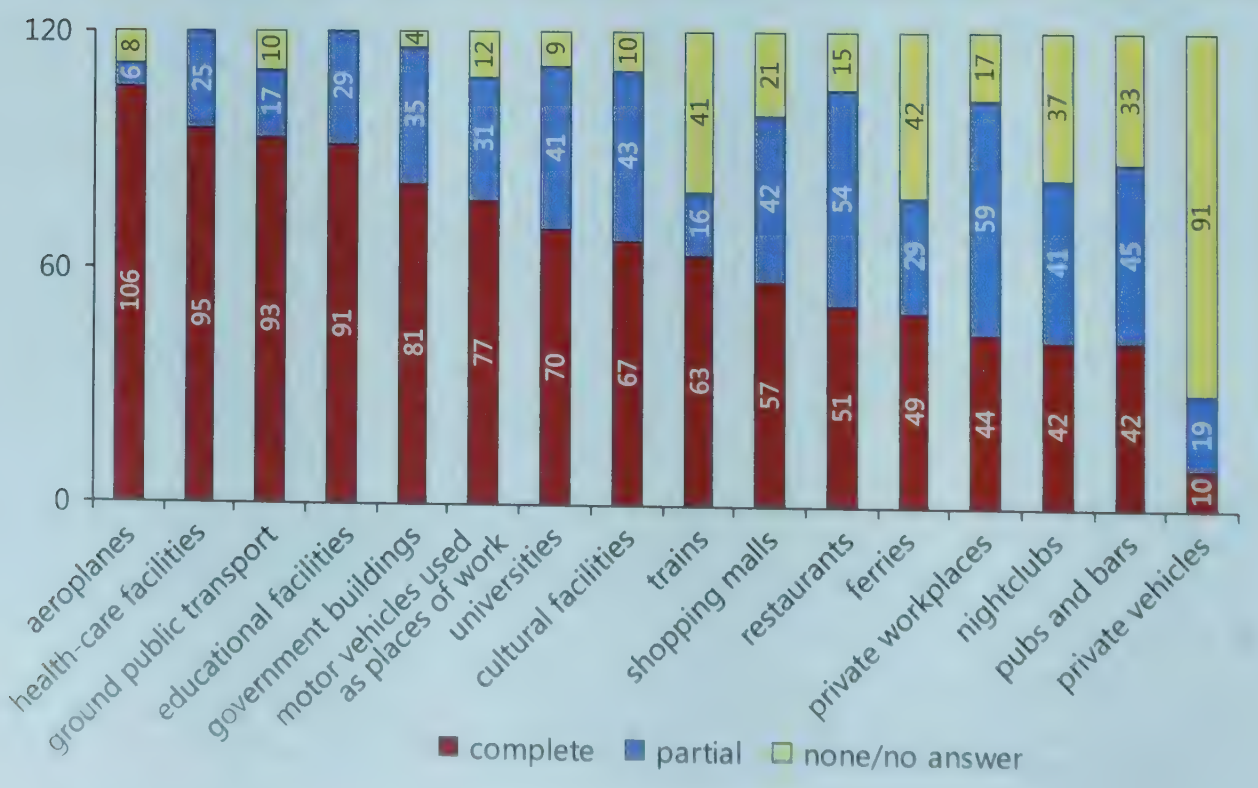
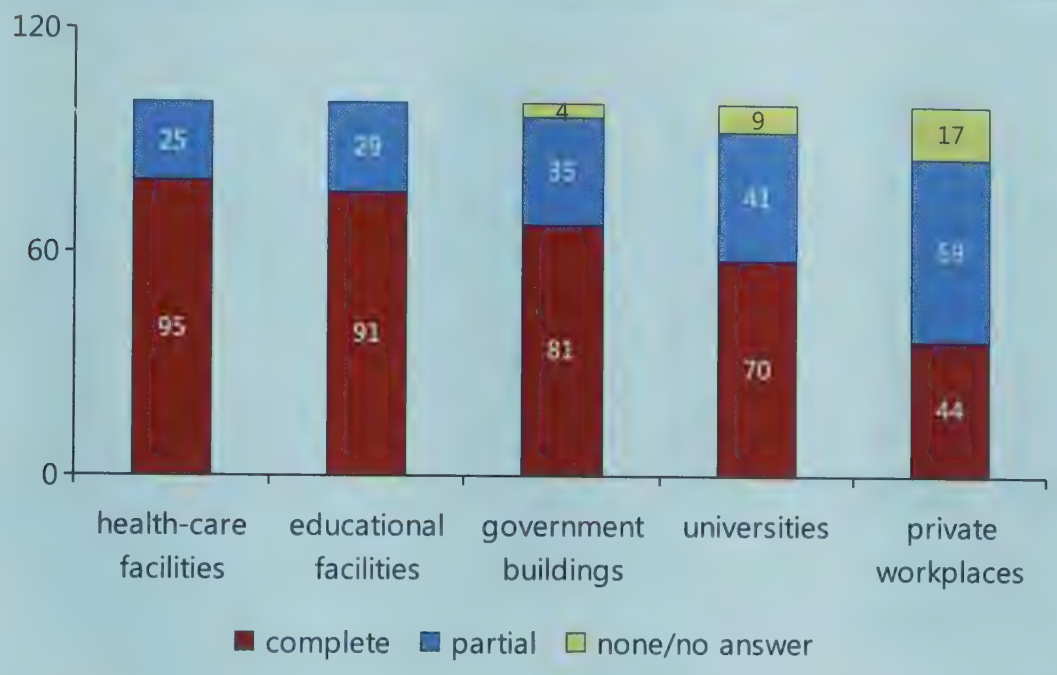


Figure 5. Number of Parties (*of 120 Parties that provided information on this area*) applying various degrees of bans on tobacco smoking in indoor workplaces



ferries, the relatively higher "no answer" rates can mostly be attributed to the fact that many Parties do not have trains or ferries operating in their jurisdictions.

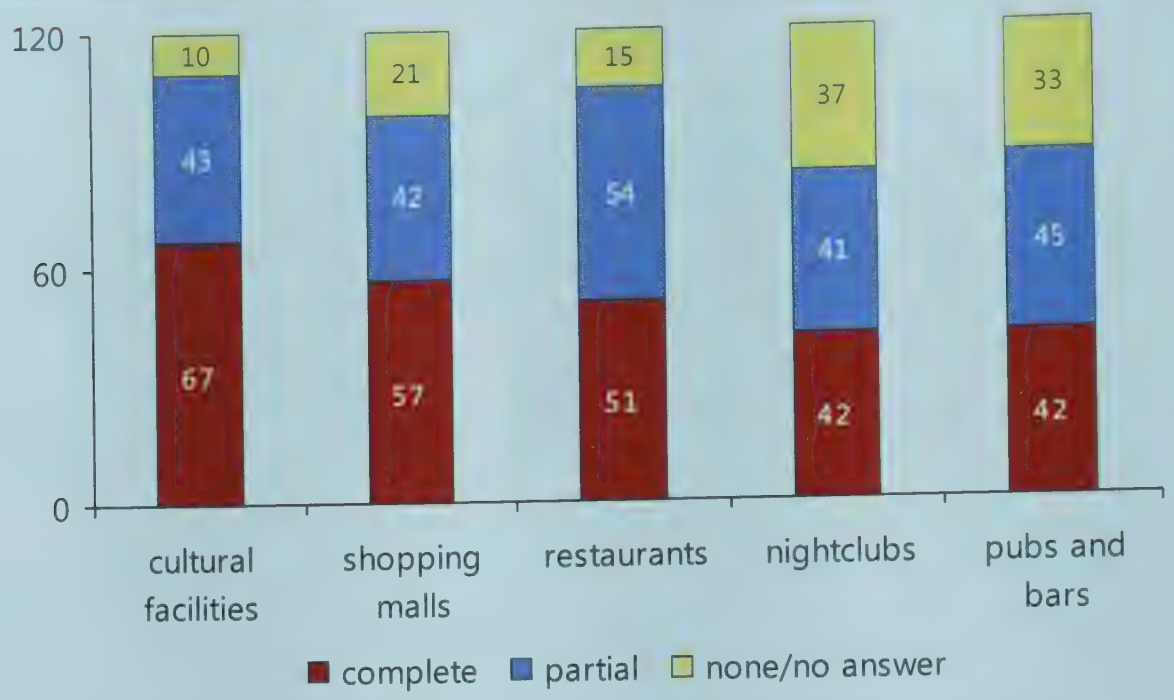
Mechanisms/infrastructure for enforcement. Over two thirds of Parties (88) reported having put in place a mechanism/infrastructure for the enforcement of measures to protect populations from exposure to tobacco smoke, and 87 Parties provided details of these infrastructures. Some Parties reported the challenges relating to monitoring of implementation and enforcement, including the application of administrative penalties.

Enforcement infrastructure. While the organization and operation of such systems vary greatly, some patterns are observable. Most Parties include a compliance monitoring and a prosecution arm in their systems, and most have incorporated monitoring of compliance with smoke-free legislation in existing infrastructure for the monitoring of business premises and workplaces. Thus health, sanitary, labour and educational inspectorates are reported to be involved in monitoring compliance with smoke-free regulations in health and educational establishments, hospitality establishments, and workplaces. The responsibility for monitoring compliance is most commonly shared by national and subnational authorities, but is usually coordinated at the level of health or interior ministries or specialized agencies (national health or environmental authorities). Examples of such agencies include the National Sanitary Authority in Ecuador, the Tobacco Control Enforcement Unit in Fiji, the Health and Occupational Safety Authority in Iceland, the Food and Consumer Safety Authority in the Netherlands and the National Environment Agency in Singapore. Bangladesh, Burkina Faso and Guatemala reported on the involvement of nongovernmental organizations in the enforcement of smoke-free measures.

Inspectors and inspections. With respect to the overall enforcement plan, as recommended in the Article 8 guidelines, Malaysia reported that the 3500 trained health inspectors posted throughout the country implement routine inspections as well as various planned thematic enforcement operations. South Africa indicated that citizens can post complaints in relation to establishments that do not comply with the smoke-free rules through the Tobacco or Health Information Line, a hotline established in 1995, originally to provide advice to smokers who wish to quit.

Many Parties indicated that their police forces also play a role in the enforcement of smoke-free measures because they are mandated to require proof of identity during

Figure 6. Number of Parties (*of 120 Parties that provided information on this area*) reporting various measures in indoor public places



inspections, especially when administrative actions are initiated by the inspectors. Australia indicated that in the State of Victoria, the police force has a specific role in enforcing the ban on smoking in cars with minors. Several Parties indicated that the types and level of administrative penalties are laid down in their codes of administrative offences/violations.

Challenges concerning enforcement. Some Parties also reported on challenges concerning the monitoring of measures and the application of administrative penalties: in some Parties enforcement infrastructure does not exist or is underdeveloped (Chad, Suriname and Viet Nam); Algeria's report, for example, indicates that there is resistance to implementation of smoke-free legislation; in other Parties some areas are out of the reach of enforcement officers (for example, effective enforcement in the smaller islands of Fiji and remote areas of Botswana can only be achieved by ensuring stronger participation of the local authorities); finally, in Albania, there is a lack of uniform and harmonized practice concerning administrative offences and collection of fines.

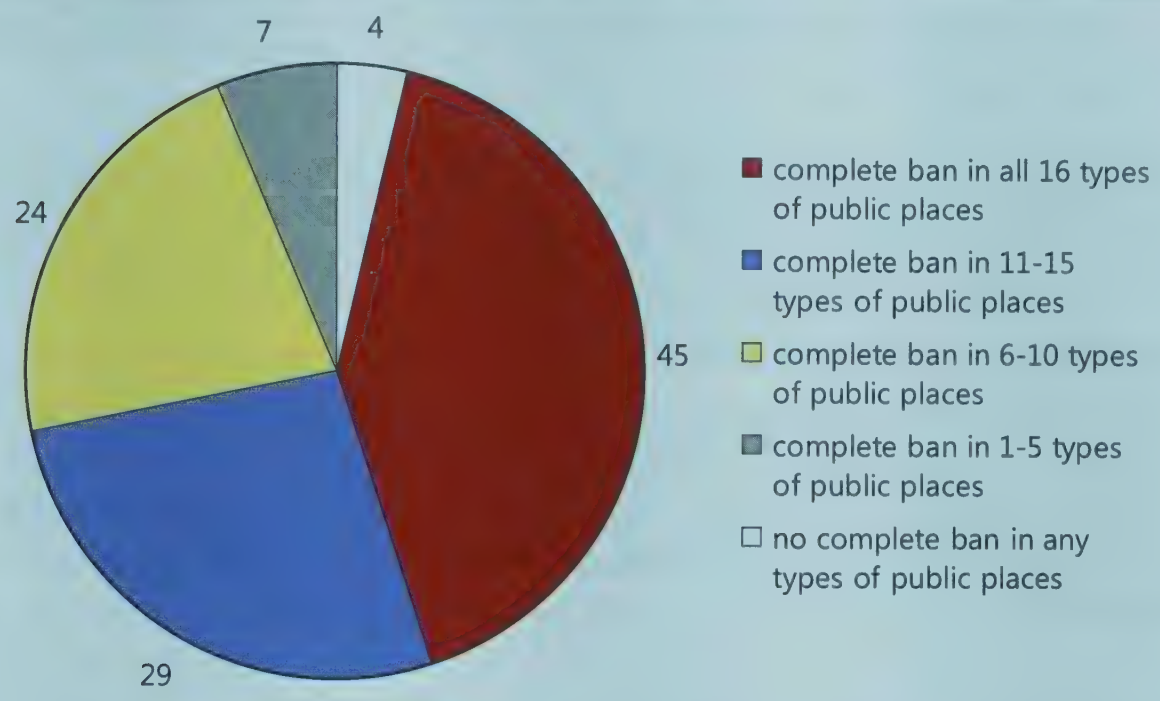
Time frame for implementation

The Article 8 guidelines include a time frame of five years for each Party, following entry into force of the Convention for that Party, to achieve universal protection from environmental tobacco smoke by ensuring that all indoor public places and workplaces, all public transport, and possibly other (outdoor or quasi-outdoor) public places are free from exposure to second-hand smoke (109 Parties had reached such a time frame by 15 June 2012).

The reporting instrument covers 16 types of public places where such a ban should apply. Only four Parties (Burkina Faso, Colombia, Honduras and Peru) indicated that they had introduced measures to completely ban smoking in all of these 16 types of public places, while almost half of the Parties indicated that such bans cover 11–15 types of public places. A quarter of the Parties reported that only 1–5 types of public places are covered; seven Parties reported not having introduced such a ban in any of the types of public places listed (see Figure 7). Annex 3 provides details of implementation by individual Parties of bans in various settings as required under Article 8.

There are only four settings in which bans were introduced by more than three quarters of the 109 Parties that reached their individual five-year deadlines: aeroplanes; health-

Figure 7. Number of Parties (*of 109 Parties that reached their individual five-year time frame for implementation*) reporting complete bans on tobacco smoking, by the number of types of public places in which such bans apply



care facilities; educational facilities; and ground public transport. Bans were introduced by more than half of the Parties that reached their individual deadlines in the following types of public places: government buildings; motor vehicles used as places of work, including taxis and delivery vehicles; cultural facilities; universities; trains;[24] and shopping malls. Finally, fewer than half of the Parties that reached their deadlines reported applying smoking bans in the following public places: restaurants; ferries; private workplaces; nightclubs; pubs and bars; and private vehicles (see Figure 8).

Key observations

Based on information received from the Parties in the 2012 reporting cycle, Article 8 is the Article with the highest average implementation rate (83%), taking into account

Figure 8. Number of Parties (*of 109 Parties that reached their individual five-year time frame for implementation*) reporting complete bans on tobacco smoking, by types of public places

[24] Several Parties indicated not having trains or ferries operating in their jurisdictions.

complete or partial smoking bans in all types of public places covered in the reporting instrument. If, however, only complete smoking bans are taken into account, the average implementation rate is lower (54%). A higher number of Parties reported the introduction of legislation requiring a complete ban on smoking in various public places in the 2011–2012 reporting period than in the previous reporting period, resulting in a decrease in the share of partial bans over time.

In spite of the progress achieved, enforcement-related difficulties reported by the Parties result in reduced efficacy of otherwise progressive national legislation. In addition, the majority of Parties still fall short of complying with the timeline recommended by the guidelines for implementation of Article 8, suggesting that covering all types of public places with smoke-free measures is often difficult.

Efforts to achieve full implementation of Article 8 would benefit from: the adoption of measures to cover all types of public places, without exception; the introduction of binding and enforceable measures instead of non-binding voluntary agreements; and the promotion of smoke-free policies through public information and awareness-raising campaigns.

Article 9 *Regulation of the contents of tobacco products*

Article 10 *Regulation of tobacco product disclosures*

Article 9 refers to the need for Parties to test, measure and regulate the content of tobacco products, and Article 10 refers to the regulation of tobacco product disclosures. The purpose of testing and disclosing product information is to give regulators sufficient information to take action and to inform the public about the harmful effects of tobacco use. The COP adopted partial guidelines for implementation of Articles 9 and 10 in 2010.

Testing and measuring of the contents and emissions of tobacco products. Less than half of the Parties reported that they require testing of contents and measurement of emissions of tobacco products (51 and 55 Parties, respectively).

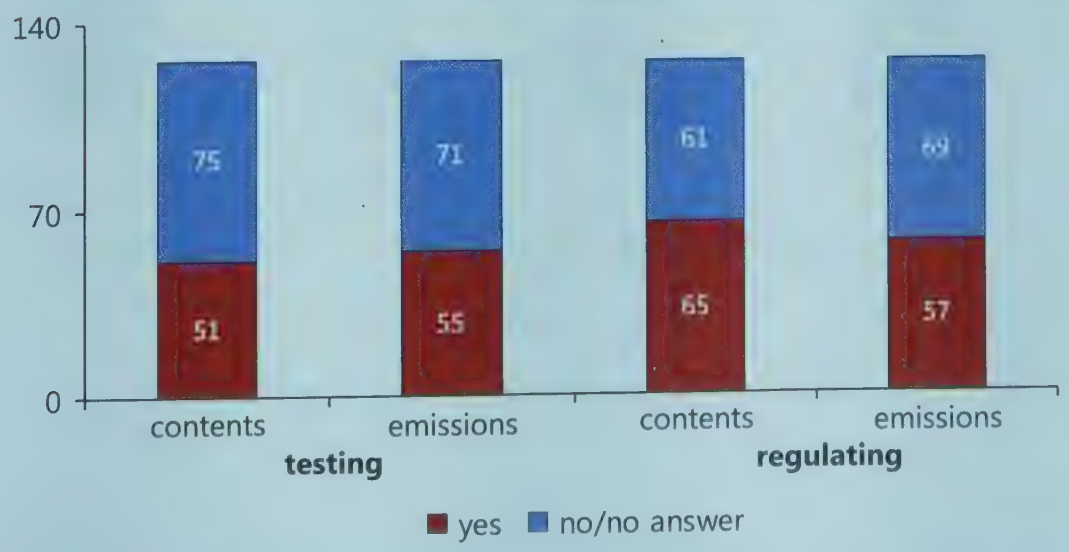
Several Parties reported on recent progress they have made in requiring the testing and measuring of the contents and emissions of tobacco products (Burkina Faso, Montenegro, Nepal and Panama) and the testing and measuring of the contents and emissions of cigarettes (Gabon, Solomon Islands and Turkey). Some Parties reported improvements in the capacity of their testing laboratories in terms of training of staff or acquisition of new equipment (Bahrain, Bulgaria and Malaysia), while others reported that the establishment of such national capacity is challenging.

Regulating contents and emissions of tobacco products. Slightly over half (65) of the Parties reported that they regulate the contents and 57 Parties indicated that they regulate the emissions of tobacco products. Figure 9 illustrates the status of implementation of Article 9.

Several Parties (Chile, China, Fiji, Mongolia, Lithuania, Namibia, Nepal, Panama, Serbia, Singapore, Swaziland and Ukraine) reported that they have made progress in strengthening their legislation or further regulating the contents and emissions of tobacco products, mostly by reducing the maximum yields of tar, nicotine and carbon monoxide in cigarettes or all tobacco products. Fewer Parties reported banning, or being in the process of banning, additives, such as flavours, in cigarettes (Australia, Brazil, Canada, Chile, Panama and South Africa) or that the cigarettes sold in their jurisdictions comply with reduced ignition propensity standards (Norway and South Africa).

Disclosure to governmental authorities. Approximately two thirds of the Parties (80) require manufacturers or importers of tobacco products to disclose information to

Figure 9. Number of Parties implementing provisions under Article 9



governmental authorities on the contents and emissions of such products. Around half of the Parties require disclosures on emissions.

Public disclosure. Nearly half of the Parties (59) reported that they require disclosure to the public of information on the contents of tobacco products; 56 Parties reported requiring disclosure to the public with respect to emissions (see Figure 10).

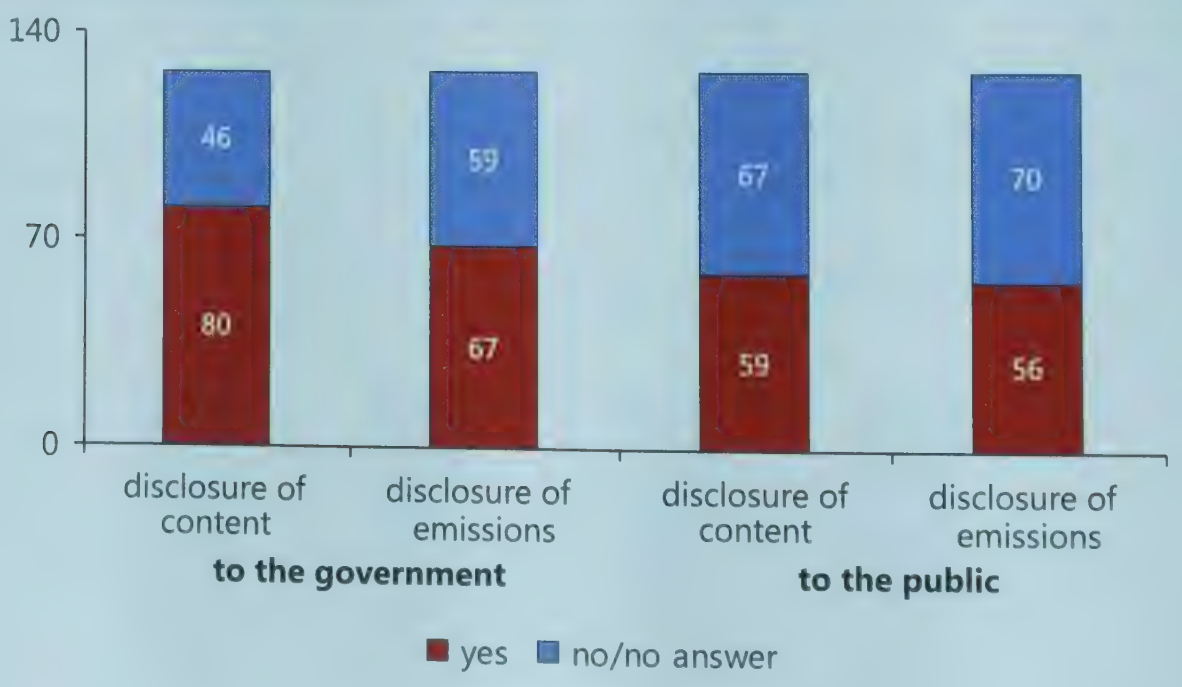
The most commonly mentioned area of progress under Article 10 was the passing or developing of laws requiring the disclosure of information about the contents and emissions of tobacco products to governmental authorities and/or to the public. It is still the case that more Parties require disclosure of such data to governmental authorities than to the public, including the consumers of such products. Even if disclosure to the public is required, in most cases it concerns the display of yields of tar, nicotine and carbon monoxide on packages of tobacco products or, less frequently, the posting of information on the Internet. Five Parties (Austria, Belgium, Bulgaria, France and the United Kingdom) reported that they use a harmonized format for reporting by the tobacco industry to governmental authorities and to the public.[25] Some European Union Member States have also indicated that they are or will be participating in a project entitled Electronic Model Tobacco Control (EMTOC), a web-based platform for harmonized data collection.

Key observations

Based on the reports received in the 2012 reporting cycle, the average of the implementation rates of the provisions covered by the reporting instrument is 45% for Article 9 and 52% for Article 10; these Articles fall in the middle range when a comparison is made of implementation of all substantive Articles of the Convention.

There are some key challenges in implementing these Articles, including in many Parties a lack of legislation or other regulatory measures requiring the testing and measuring of the contents and emissions of tobacco products and the disclosure of such information to the public. There is also a shortage of independent (non-tobacco industry run or influenced) testing facilities or laboratories and/or widespread lack of access to such testing facilities.

Figure 10. Number of Parties implementing provisions under Article 10



[25] See: *Reporting on tobacco product ingredients: practical guide*. Brussels, European Commission (Health and Consumer Protection Directorate-General), 2007.

More action could therefore be taken to ensure that regulation of contents and emissions is included in tobacco-control legislation and that such regulation is properly monitored and enforced. Governments and the public should be fully informed about the content and emissions of tobacco products, including smokeless tobacco products. It is also important that knowledge is exchanged in this area and that the use of partial guidelines for implementation of Articles 9 and 10 is promoted.

Article 11 *Packaging and labelling of tobacco products*

Article 11 stipulates that each Party shall adopt and implement effective measures concerning packaging and labelling, some of them within three years of the entry into force of the Convention for that Party. The COP at its third session adopted guidelines for the implementation of this Article.

The measures to which the three-year deadline applies and the status of implementation of these measures are summarized below and in Figure 11.

Health warnings on tobacco product packaging. A total of 107 Parties (85%) reported that they have adopted policies requiring tobacco products to carry warnings describing the harmful effects of tobacco use,[26] and the main avenue of implementing such a policy is legislation. More than one third of reporting Parties (44) reported recent progress in this area through adoption of new legislation or amendment of existing legislation. An additional eight Parties indicated that legislation on packaging and labelling is currently being developed. In addition, more than one third of the Parties (34) reported recent adoption or current development of regulations or implementation decrees to complement and put into effect already adopted legislation concerning health warnings.

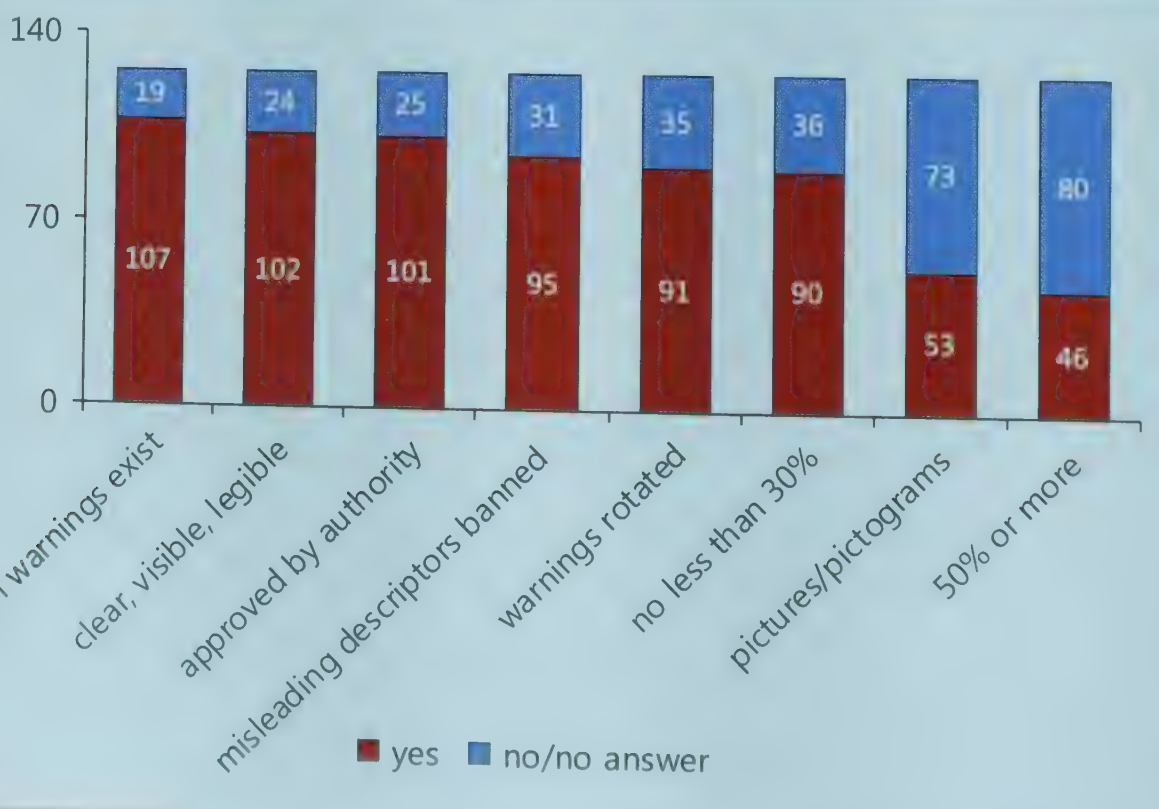
Misleading or deceptive packaging and labelling. Three quarters of the Parties (95) reported having banned descriptors on packaging and labelling that are misleading, deceptive or likely to create an erroneous impression of the product.

Approval of the warnings. Over three quarters of the Parties (101) reported that they require the approval of health warnings by a competent national authority.

Rotation. Almost three quarters (91) of the Parties reported that they require the rotation of health warnings, while 32 reported that they do not.

Position and layout. Over three quarters (102) of the Parties have introduced measures to ensure that health warnings are large, clear, visible and legible. Of these, 78 Parties

Figure 11. Number of Parties implementing provisions under Article 11

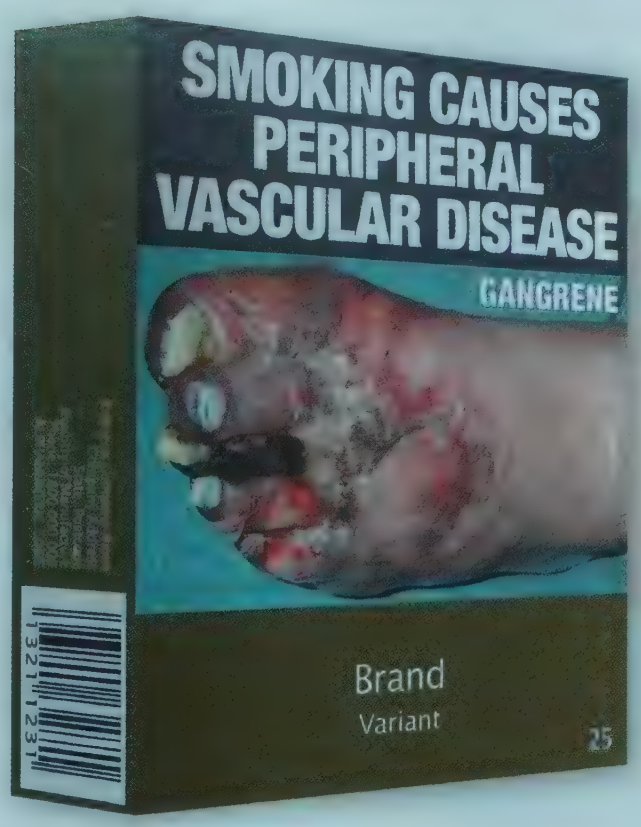


[26] In several Parties where tobacco manufacturing does not take place, packaging regulations follow or refer to regulations applied in the countries from which where tobacco imports originate. Such practices were referred to, for example, by Cook Islands and San Marino.

indicated that their national legislation mandates, as a minimum, a style, size and colour of font to render the warning clear, visible and legible.

Size. Again, almost three quarters (90) of the Parties require that health warnings occupy no less than 30% of the principal display area, but only around one third (46) indicated that they require health warnings to cover 50% or more of the principal display area.

Use of pictorials. Less than half of the Parties (53) reported that they require health warnings to take the form of – or include – pictures or pictograms, 29 of which indicated that they own the copyright of such pictures and would provide non-exclusive and royalty-free licenses for the use of their warnings by other Parties. There is wide variation in the level of implementation of pictorial warnings across the regional groups.



Cigarettes in plain packaging in Australia.
© Commonwealth of Australia.

Several Parties provided information on recent progress they have made in this area. Four Parties (Kuwait, Oman, United Arab Emirates and Yemen) reported an ongoing harmonized process of introducing pictorial health warnings under the auspices of the Gulf Cooperation Council. Nine Parties (France, Hungary, Iceland, Norway, Portugal, Spain, Sweden, Ukraine and the United Kingdom) reported that they have recently introduced pictorial health warnings taken from the European Union picture library. Brazil and Panama reported that they have started to implement their third and fourth sets of health warnings, respectively.

Some Parties also indicated challenges with respect to implementation of pictorial warnings. In Kyrgyzstan the national tobacco legislation approves the use of pictorial health warnings but interministerial arrangements to give effect to the legislation are still to be finalized. In a number of cases, setbacks and delays in implementation and enforcement are caused by legal challenges initiated by the tobacco industry. The legislation of Georgia calls for the placement of nine pictorial health warnings on tobacco packages but does not make it mandatory; experience also shows that the tobacco industry often disregards such measures.

Plain packaging. Australia reported a breakthrough in implementation of Article 11, which reflects the recommendation of the guidelines for this Article and which is in line with Article 2 of the Convention. Implementation of plain packaging is required through the Tobacco Plain Packaging Act 2011 and the Trade Marks Amendment (Tobacco Plain Packaging) Act 2011, making Australia the first Party to require plain packaging. The legislation prohibits tobacco industry logos, brand imagery, colours and promotional text other than brand and product names in a standard colour, position, font style and size. Plain packaging will be applied to all tobacco products including loose leaf tobacco, cigars and bidis. All tobacco

THE WHO FCTC HEALTH WARNINGS DATABASE

A web-based WHO FCTC Health Warnings Database designed to facilitate the sharing of pictorial health warnings and messages among the Parties was developed following a decision by the COP at its third session. So far, 20 Parties (Australia, Brazil, Brunei Darussalam, Canada, China, Djibouti, Egypt, European Union, India, Islamic Republic of Iran, Jordan, Latvia, Malaysia, Mauritius, Pakistan, Singapore, Thailand, Turkey, Uruguay, Venezuela (Bolivarian Republic of)) have made their pictorial warnings available through the Database. The Database is available at: http://www.who.int/tobacco/healthwarningsdatabase/

products manufactured or packaged in Australia from 1 October 2012 for domestic consumption will be required to be in plain packaging and all tobacco products will be required to be sold in plain packaging by 1 December 2012.

There are other measures under this Article for which deadlines are not set in the Convention.

Constituents and emissions.[27] Two thirds of the Parties (83) reported that they require packaging and labelling to contain information on the relevant constituents and emissions of tobacco products.

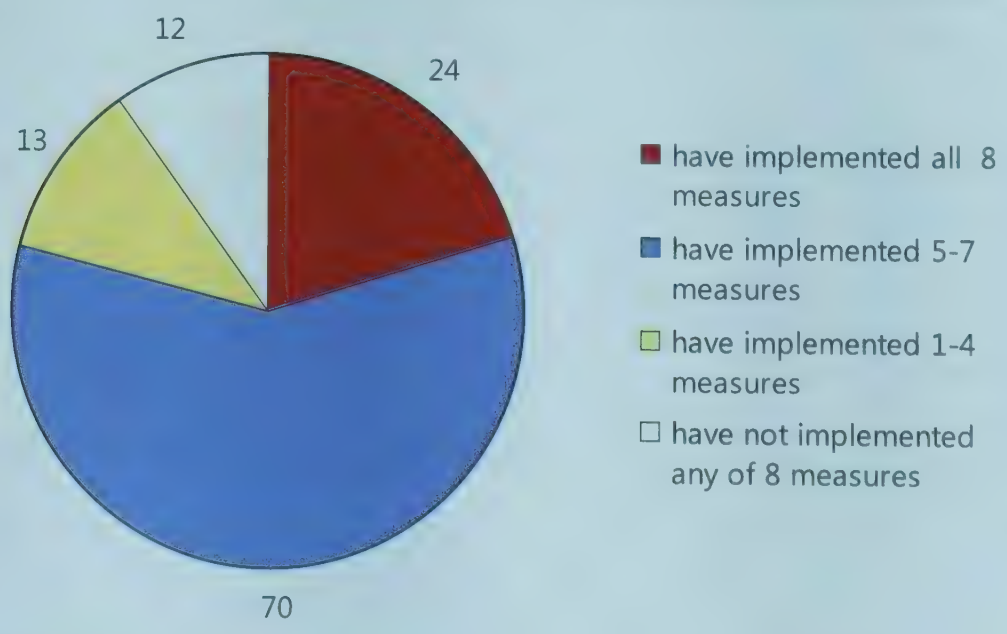
Language of warnings and attractive package design features. Two thirds of the Parties (83) reported requiring that the warnings and other textual information on tobacco packaging appear in the principal language(s) of the country and 82 Parties reported that they prohibit tobacco product packaging from carrying advertising or promotion, including design features that make such products attractive, in line with the recommendation of the guidelines for implementation of Article 13.

Time frame for implementation[28]

Of 119 Parties that reached their individual three-year deadlines, 24[29] reported that they have introduced all eight packaging and labelling measures bound by such a deadline; 70 Parties indicated that they have introduced 5–7 such measures; 13 Parties reported having introduced 1–4 such measures; and 12 Parties reported not having introduced any of the eight measures (see Figure 12). Annex 3 provides details of implementation by individual Parties of packaging and labelling requirements under Article 11.

Of the eight time-bound measures under Article 11, six were introduced by more than three quarters of the 119 Parties that reached their individual three-year deadlines.

Figure 12. Number of Parties implementing a given number of the eight time-bound packaging and labelling measures under Article 8 (*of 119 that reached their individual three-year deadlines*)



[27] Article 11.2 of the Convention requires Parties to publish on packages of tobacco products *"information on relevant constituents and emissions of tobacco products as defined by national authorities"*. The guidelines for implementation of Article 11 recommend that Parties *"should not require quantitative or qualitative statements on tobacco product packaging and labelling about tobacco constituents and emissions that might imply that one brand is less harmful than another, such as the tar, nicotine and carbon monoxide figures..."*.

[28] The compliance of Parties with this timeline, based on the reports received in the 2012 reporting cycle, is presented in Annex 3.

[29] Albania, Australia, Brazil, Burkina Faso, Canada, Comoros, Cook Islands, Djibouti, Ecuador, Honduras, Jordan Malaysia, Mexico, Namibia, Nepal, New Zealand, Oman, Panama, Seychelles, Singapore, Swaziland, Trinidad and Tobago, Ukraine, and Vanuatu.

The six measures are: requiring any health warnings on tobacco packages; approval of warnings by the competent national authority; clear, visible and legible warnings; ban on misleading descriptors; rotation of warnings; and warnings occupying more than 30% of principal display areas. Less than half of the Parties reported implementing the remaining two provisions: pictures and pictograms on tobacco packages, and warnings occupying more than 50% of principal display areas (see Figure 13).

Key observations

Based on the reports received in the 2012 reporting cycle, the average of the implementation rates for Article 11 provisions is 67%, placing this Article among those with the highest implementation rates. Parties also reported making good progress in revising their national legislation to comply with the requirements of Article 11 and the associated implementation guidelines. Some reports indicate improved exchange of information among the Parties in this area, especially in the sharing of pictorial warnings and the granting of licenses to other Parties to use such warnings. One notable breakthrough in this area was the adoption by Australia of the first ever legislation requiring plain packaging for tobacco products.

There are also challenges in implementing this Article. For example, there is a complete lack of legislation requiring health warnings in 19 Parties, while corresponding legislation in a significant number of Parties fails to meet all requirements of the treaty. Only about one third of the Parties require warnings to occupy 50% or more of principal display areas, and less than half of the Parties require health warnings to be in the form of, or include, pictures or pictograms. One third of the Parties (8) that reported from the African Region indicated that they do not require any health warnings on tobacco packaging. It is also important to note that interference by the tobacco industry is intense in the area of health warnings; such efforts, especially through the filing of legal actions, are aimed both at weakening legislation and delaying its application.

Figure 13. Number of Parties that have implemented the eight time-bound provisions under Article 11 (*of 119 that reached their individual three-year deadlines*)

Article 12 *Education, communication, training and public awareness*

Article 12 concerns raising public awareness of tobacco-control issues through all available communications tools, such as campaigns, educational programmes and training. The COP at its fourth session adopted guidelines for the implementation of this Article.

Implementation of educational and public awareness programmes. According to their responses to the relevant question in the reporting instrument, 115 Parties have implemented "educational and public awareness programmes" since submission of their previous report.

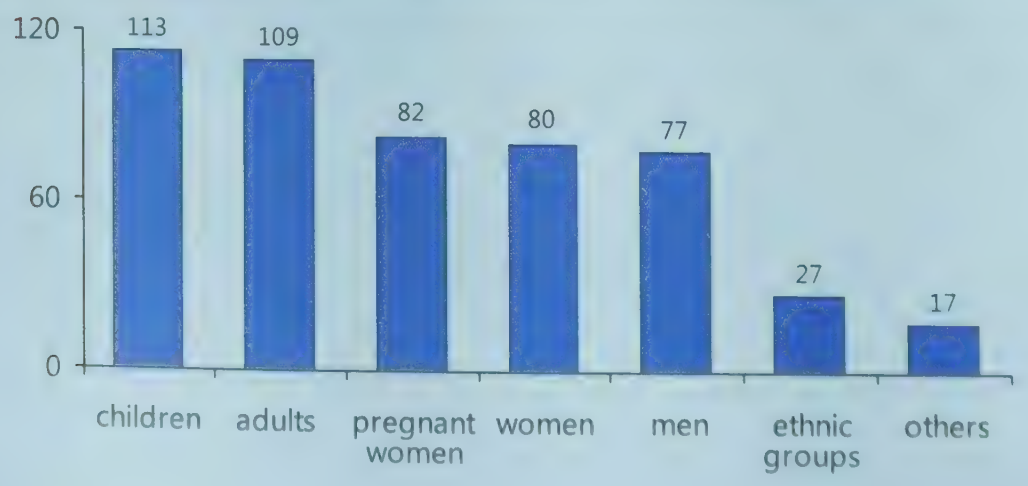
Target groups and messages of educational and public awareness programmes. More than 90% of the Parties that have implemented any "educational and public awareness programmes" reported targeting children, young people or the general public. Gender-specific programmes (targeted at women, pregnant women or men) were each reported by around three quarters of the Parties (see Figure 14).

In addition to the groups targeted with educational programmes set out in the reporting instrument, the following other groups were referred to by the Parties in their reports: officials of health ministries; representatives of media; parents; teachers; community leaders; hospitalized patients; people living with disabilities; mental illnesses or living in disadvantaged areas; unemployed people; prisoners; law enforcement personnel; and staff of the hospitality industry.

More than three quarters of reporting Parties (98) provided further details on the progress they have made in implementing Article 12. For example, recent implementation of school-based educational programmes or awareness campaigns targeted at young people were mentioned by 46 Parties; eight Parties reported the inclusion of tobacco-related matters into school curricula; 33 Parties reported that they have implemented comprehensive communication programmes including multimedia campaigns and community outreach to raise public awareness; 19 Parties indicated that national celebrations of World No Tobacco Day were the main occasion for advocacy in tobacco control.

Almost two thirds of the Parties (77) reported that the development, management and implementation of communication, education, training and public awareness programmes are guided by research and that they undergo pre-testing, monitoring and evaluation, as suggested in the Article 12 guidelines. One of the areas that needs to be covered by research prior to the launching of communication programmes is the analysis of key differences between targeted population groups, in line with the implementation guidelines

Figure 14. Number of Parties that reported targeting specific groups in educational and public awareness programmes



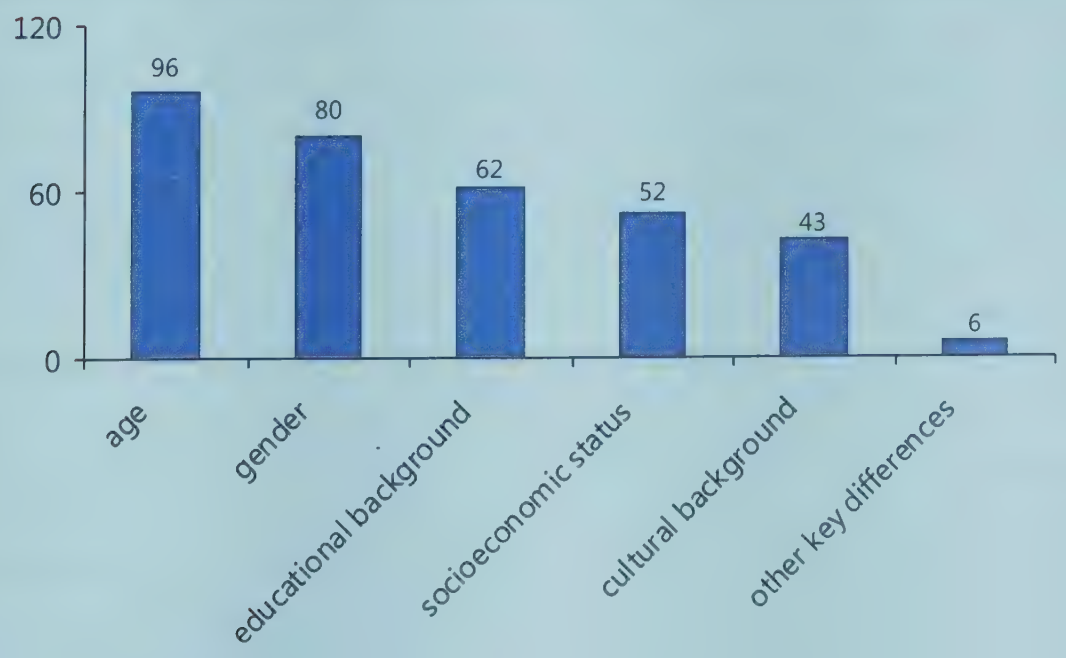
(see Figure 15). Most Parties consider age and gender in their programmes, but fewer take into account educational, cultural background and socioeconomic status. Other key differences taken into account by Parties include: profession (e.g. health professionals); religion; civil status; and smoking status (being a smoker/non-smoker).

Training of health-care professionals in Ghana.
Photo courtesy of Ministry of Health, Ghana.

In addition, Parties reported on the areas covered by their educational and public awareness programmes, including messages used[30] (see Figure 16). Most programmes reported by Parties focus on health in relation to tobacco use, exposure to tobacco smoke and the benefits of tobacco cessation. A significant number of programmes also focus on adverse economical and environmental consequences of tobacco use. Furthermore, around one third of the Parties reported that they also include messages on the adverse economic and environmental consequences of tobacco production (growing and manufacturing). Seven Parties specifically mentioned that their communication programmes provide information on details of new tobacco-control legislation.

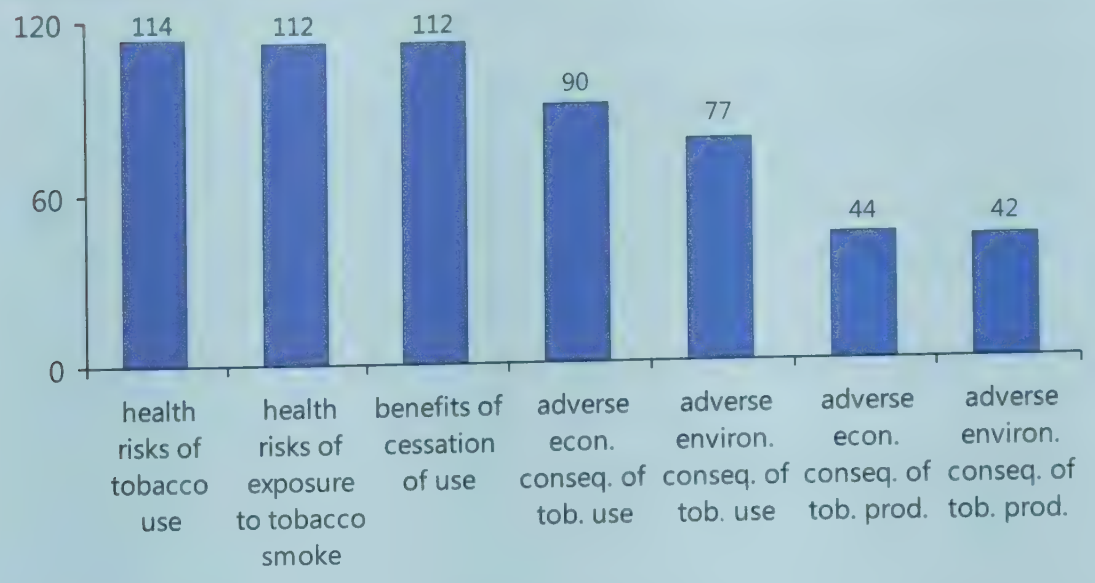
Many Parties share details of their public education programmes and communication campaigns through their implementation reports, for example by inserting web site addresses containing their campaign materials. Australia reported that it regularly shares its tobacco-control resources with other Parties, including the materials of its national

Figure 15. Number of Parties taking into account key differences among targeted population groups in educational and public awareness programmes



[30] An indicative (non-exhaustive) list of areas to cover in education, communication and training programmes is contained in Appendix 3 of the Article 12 guidelines.

Figure 16. Areas covered in Parties' educational and public awareness programmes



anti-tobacco campaign, and that in excess of 40 countries use or apply its campaign materials.[31]

Targeted training or sensitization programmes. The most frequently targeted groups are health workers and educators, reported by 105 and 84 Parties, respectively. Targeting of the media and of decision-makers were reported by 77 and 76 Parties, respectively (see Figure 17). In addition to the categories set out in the reporting instrument, 13 Parties also reported targeting other, less frequently targeted groups, such as religious, social, community and youth leaders; legal professionals (lawyers and magistrates); police and local authorities; women's organizations; universities; the hospitality sector; and even spectators at soccer matches.

Parties also reported, with respect to Article 22(c) of the Convention, on cooperation and provision of mutual support for appropriate training or sensitization programmes for appropriate personnel in accordance with Article 12. Less than one quarter (26) of the Parties reported having provided and less than half of the Parties (57) having received assistance from other Parties or donors for such programmes.

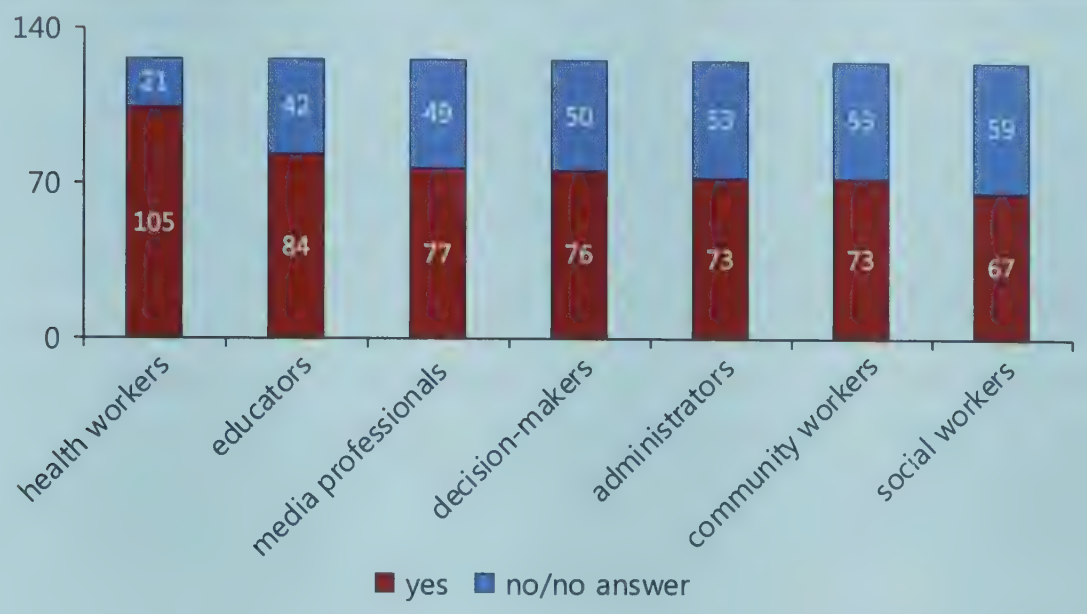
Awareness and participation of agencies and organizations. According to the Parties' reports, it is mostly public agencies and nongovernmental organizations not affiliated with the tobacco industry that participate in and run communication programmes (each reported by 90% of the Parties). Slightly over half of the Parties (68) reported on the participation of private organizations. Twenty Parties also reported on the participation of other organizations in communication campaigns, such as: religious and faith-based organizations; academic and higher education institutions; community and scientific groups, and professional colleges; as well as international organizations and bodies. In their notes on the progress they have made in implementing this Article, six Parties (China, Latvia, Madagascar, Singapore, Spain and Viet Nam) reported that they either coordinated with different sectors or cooperated with local governments when implementing their communication and public awareness programmes.

Key observations

Based on the reports received in the 2012 reporting cycle, the average of the implementation rates for Article 12 provisions is 70%, one of the highest implementation rates across all substantive articles. Parties have also strengthened the sharing of resources concerning their education, communication and public awareness programmes through their reports for the benefit of other Parties.

[31] For example, Denmark reported conducting its main national anti-tobacco media campaign using the materials of the Australian "Every Cigarette is Doing You Damage" campaign.

Figure 17. Number of Parties indicating specific target groups of their training and sensitization programmes (*categories included in the reporting instrument*)



However, different segments of society are unevenly targeted and reached by communication campaigns. Gender-specific messages are still not widespread and messages on the adverse economic and environmental consequences of tobacco use, in relation to Article 12(f) of the Convention, are still underutilized. Parties recognize that educational programmes, especially broad and sustained public awareness campaigns, are resource intensive, and that the necessary resources to ensure a strong impact are not always available, as described in particular by Bosnia and Herzegovina, Djibouti and Vanuatu.

The analysis shows that several measures could further strengthen implementation of Article 12, namely: broadening the scope of communication efforts to reach less accessible and neglected target groups; including messages on the adverse economic and environmental consequences of tobacco use in communication programmes; strengthening dissemination of good practices, including campaign and training materials, which may include cost-efficient methods particularly useful for lower-resource countries; and strengthening training and capacity building among those who are vital to promoting and implementing strong tobacco-control measures (e.g. members of the media, decision-makers and administrators).

Article 13 *Tobacco advertising, promotion and sponsorship*

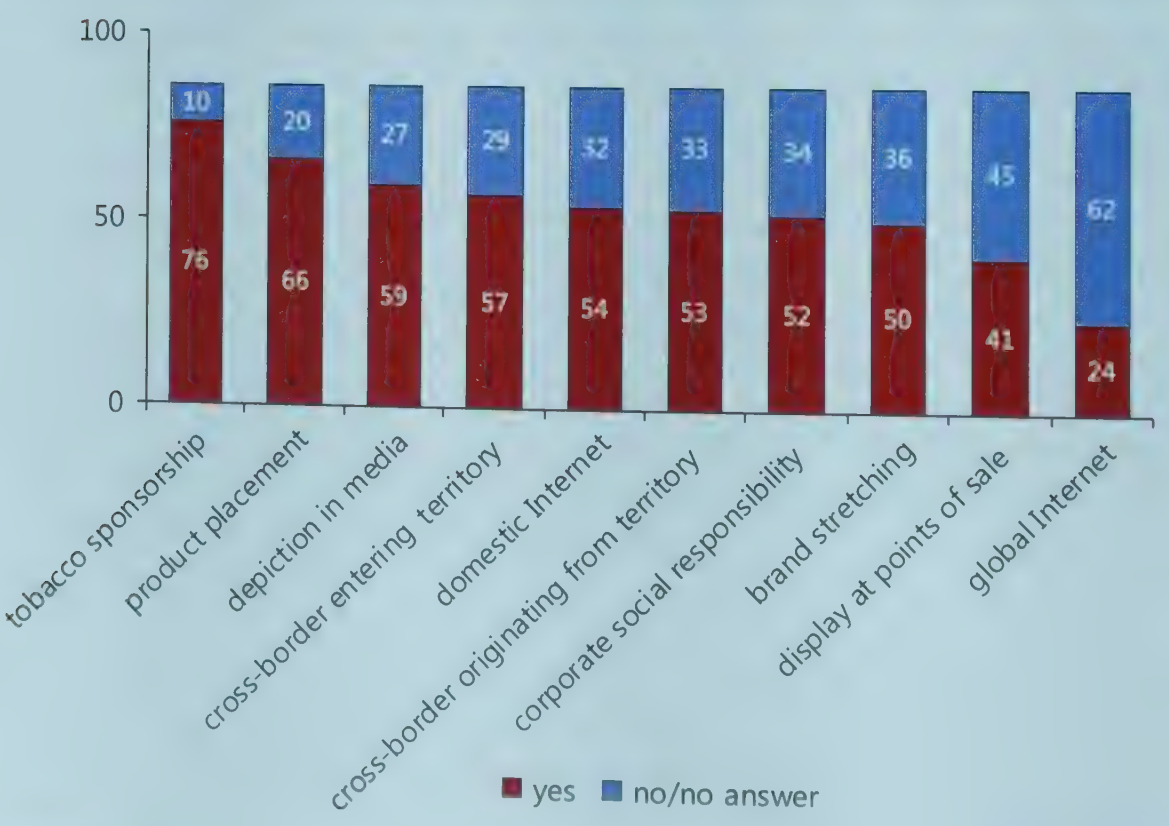
Article 13 refers to the banning of tobacco advertising, promotion, and sponsorship. In order to be effective, the ban should cover all types of advertising, promotion and sponsorship conducted by the tobacco industry. Effective monitoring, enforcement and sanctions supported by strong public education and community awareness-raising programmes facilitate implementation of such a ban, while the guidelines adopted by the COP provide information and recommendations.

Comprehensive ban on advertising, promotion and sponsorship (time-bound provision). Over two thirds of the Parties (86) reported that they had introduced a comprehensive ban, while 39 Parties reported that they had not; 53 of the Parties with a ban in place include *cross-border advertising, promotion and sponsorship originating from their territory* in the ban. Five Parties[32] that reported not having introduced a comprehensive ban explained that they are precluded from doing so by their constitutions or constitutional principles.

Parties' definitions of a comprehensive ban on advertising, promotion and sponsorship vary and do not always cover all of the specific measures called for by the guidelines for implementation of Article 13 (see Figure 18). For example, only three quarters of the Parties that indicated having a comprehensive ban in place include product placement and only just over half include brand sharing. In addition, as mentioned above, less than two thirds of those Parties ban cross-border advertising, promotion and sponsorship.

Several Parties reported recent developments in this area. In particular, nine Parties (Australia,[33] Canada, Finland, Ireland, Nepal, New Zealand, Norway, Palau and Panama) reported having implemented a ban of displays of tobacco products at points of sale;

Figure 18. Number of Parties reporting inclusion of selected provisions in their ban on tobacco advertising, promotion and sponsorship (*of 86 Parties that reported a comprehensive ban*)



[32] Canada, Cook Islands, Ghana, Japan and Mexico.

[33] At subnational level.

four Parties (Finland, Ireland, Nepal and Ukraine) reported having implemented a ban on advertising of tobacco products at points of sale, Australia reported the same at subnational level, and Denmark reported that it is considering such a ban. Seven Parties (Australia, France, Montenegro, Nepal, Norway, Serbia and the United Kingdom) reported extending their bans on advertising, promotion and sponsorship to the Internet, while several other Parties reported on the difficulties of enforcing a ban on the Internet. A few Parties reported progress in other areas such as banning one-to-one (or "viral") marketing (South Africa), "brand sharing" (United Kingdom), prohibiting publicity given to "socially responsible" business practices by the tobacco industry (New Zealand and Spain) and banning product placement of tobacco products in all audiovisual media (Austria and the United Kingdom).

Among the problematic areas reported by Parties in the implementation of Article 13, the provisions related to cross-border advertising, promotion and sponsorship were frequently mentioned; Parties called for more international cooperation, with one Party expressing the need for a protocol on the matter.

Restrictions on all tobacco advertising, promotion and sponsorship. Parties that do not apply a comprehensive ban pursuant to the requirements of Article 13 are expected to report on those restrictions that are applied. The majority of the 39 Parties without a comprehensive ban restrict advertising on radio, television and in print media, and approximately half restrict tobacco sponsorship of international events and the use of direct and indirect incentives for tobacco purchases, or require that all remaining tobacco advertising be accompanied by health warnings.

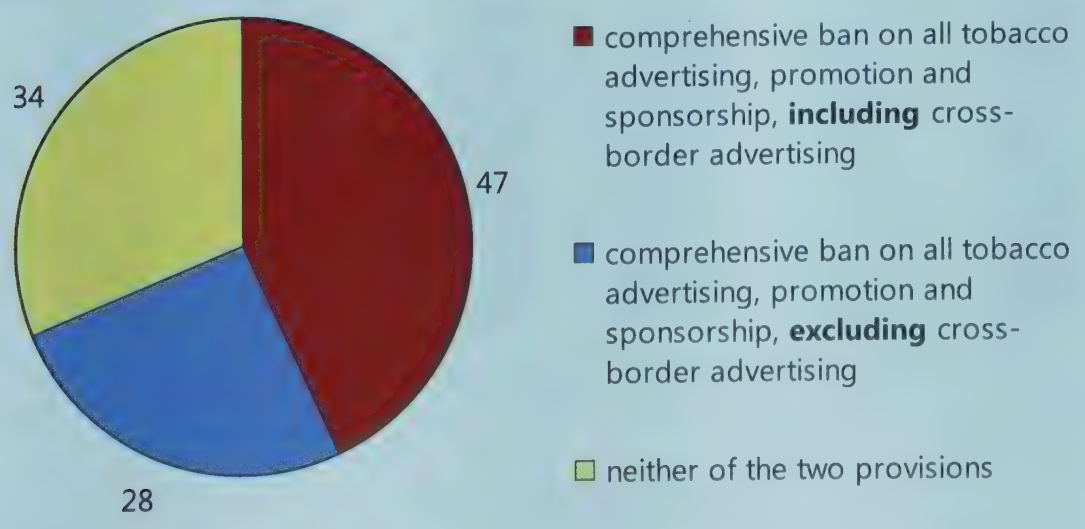
Time frame for implementation

Article 13.2 requires each Party to undertake a comprehensive ban of all tobacco advertising, promotion and sponsorship, in accordance with their constitutions or constitutional principles, within five years of the entry into force of the Convention for that Party. Of the 109 Parties that had reached this deadline, 75 reported that they had a comprehensive advertising ban in place but only 47 reported that they also include cross-border advertising originating from their territory in the ban; 34 Parties have not implemented either provision (see Figure 19). Annex 3 provides details of the implementation of time-bound measures under Article 13.

Key observations

More than two thirds of the Parties (86) reported having implemented a comprehensive ban. However, if the analysis takes acount only of the Parties that include cross-border

Figure 19. **Number of Parties implementing timeline-bound provisions under Article 13** (***of 109 Parties that reached their individual deadlines for implementation***)



advertising originating from their territory in their ban, as required by Article 13.2, the average implementation rate of these two provisions drops to 44%. Thus, Article 13 remains among those articles which have an average implementation rate of between 40% and 60%.

Inclusion of cross-border advertising in the tobacco promotion ban therefore seems to pose a challenge to many Parties, as does the enforcement of a ban on promotion on the Internet. In addition, the definitions in regard to a comprehensive advertising and promotion ban that Parties apply often do not correspond to the definition proposed in the Article 13 guidelines.

In this context, important actions to accelerate implementation of Article 13 include: extending national legislation to cover all forms of tobacco advertising, promotion and sponsorship, as recommended in the Article 13 guidelines; observing individual deadlines set by Article 13.2; and including in the ban cross-border advertising, promotion and sponsorship and all indirect forms of tobacco advertising as suggested in the guidelines.

Article 14 *Measures concerning tobacco dependence and cessation*

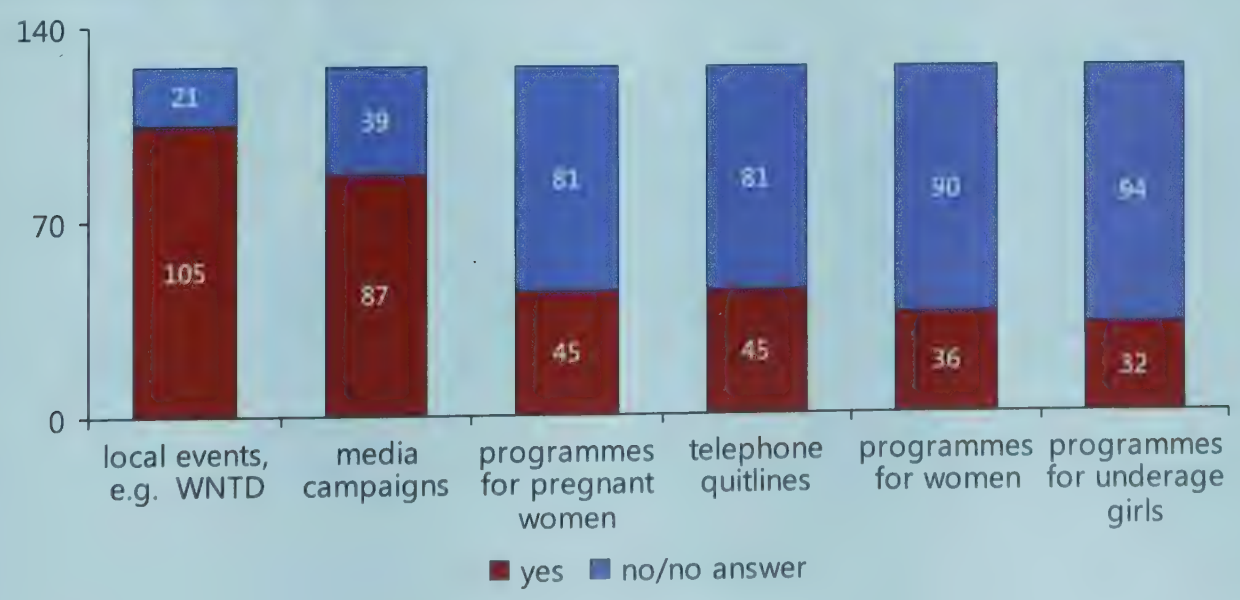
Article 14 concerns the provision of support to reduce tobacco dependence and cessation of use, including counselling, psychological support, nicotine replacement, and education programmes for youth. Parties are encouraged to establish sustainable infrastructure for such services. At its fourth session the COP adopted guidelines for implementation of this Article.

National guidelines. Half of the Parties reported having developed integrated national cessation guidelines based on scientific evidence and best practices, and 15 Parties (Australia, Canada, Finland, Hungary, Jordan, Malaysia, Netherlands, New Zealand, Norway, Paraguay, Philippines, Portugal, Sweden, Turkey and the United Kingdom) provided the text as an annex to their report or a web link. The United Kingdom reported that the National Institute for Health and Clinical Excellence has produced smoking cessation guidelines for a number of specific populations, including women who are pregnant and following child birth.

Programmes and settings to promote tobacco cessation. Local events, such as those held on World No Tobacco Day (WNTD), are considered by 105 Parties to be the most attractive opportunities to convey messages concerning cessation of tobacco use. Media campaigns that emphasize the importance of quitting are reported by around two thirds of the Parties. Only around one third of the Parties target underage girls, women and pregnant women with specific programmes. Around one third of the Parties (45) reported having established telephone quitlines to promote cessation (see Figure 20). Seventeen Parties also mentioned other programmes and opportunities they used to promote cessation messages, such as youth events, with a particular focus on peer education; programmes targeted at underage boys, young adults and young counsellors; and programmes for aboriginal groups, prisoners and marginalized people. Kazakhstan pointed out that the smoke-free cities initiative (smoke-free Astana in their case) can also be used to promote cessation of tobacco use.

Several Parties provided details on the progress they have made in relation to quitline services, which is noted in the Article 14 guidelines as one of the key population-level approaches. Two Parties (Egypt and Turkey) reported having recently established new quitlines and one Party (Austria) reported extending the availability of their existing services.

Figure 20. **Number of Parties reporting a specific programme to promote cessation of tobacco use**



Parties also reported on settings used to promote programmes/messages on cessation of tobacco use. Almost three quarters of the Parties (92) reported designing and implementing cessation programmes in health-care institutions. This indicates that the opportunities inherent in these settings are recognized, including the presence of health-care professionals who are trained to record tobacco use, give brief advice, encourage a quit attempt and refer tobacco users to more specialized dependence treatment services, as recommended in the Article 14 guidelines. Around half of the Parties also reported implementing cessation programmes in educational institutions and workplaces (71 and 61 Parties, respectively) and one third of the Parties (40) include sporting environments in the list of venues used for promoting such programmes.

Thirteen Parties also referred to other settings, including: prisons; private psychiatric practices; cultural and religious settings; social protection institutions; hostels and temporary accommodation; cessation sessions organized by civil society organizations and led by health professionals in communities. Two Parties (Estonia and the Republic of Korea) mentioned the military.

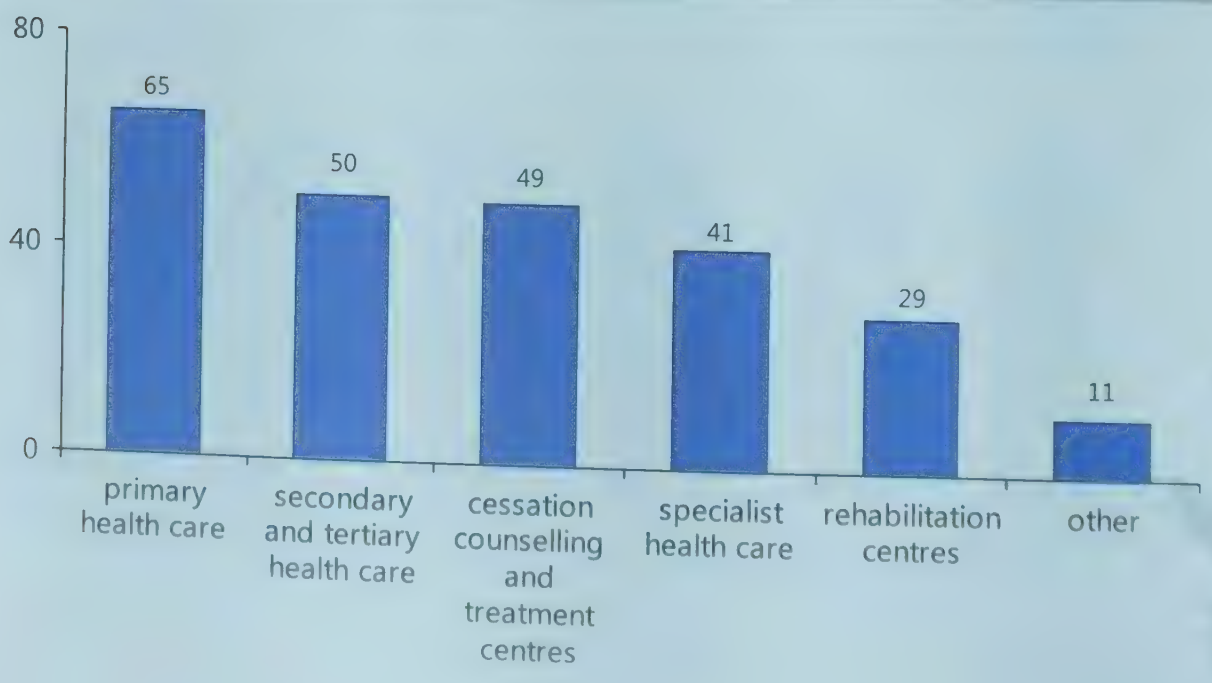
Several Parties reported the use of novel approaches and new technology to promote cessation among tobacco users. For example, in Canada smartphone applications, interactive media devices (touch-screen technology), text messaging, and web-based messaging targeted at young people are all used to promote tobacco cessation. In Ireland one project requires users to link to the social networking site Facebook.

Inclusion of diagnosis and treatment of tobacco dependence in national programmes, plans and strategies and integration of cessation into existing health-care systems.
Over half of the Parties (76) reported including tobacco-dependence diagnosis and treatment and counselling services in their national tobacco-control strategies, plans and programmes. Forty-nine Parties reported that they include these items in educational programmes, plans and strategies.

Regarding the integration of programmes on the diagnosis and treatment of tobacco dependence into health-care systems, almost two thirds of the Parties (81) reported doing so, and more than half of these Parties reported having established specialized centres for cessation counselling and dependence treatment (see Figure 21).

Most often, diagnosis and treatment of tobacco dependence is dealt with by existing health-care infrastructure, including primary, secondary and tertiary health-care systems

Figure 21. Number of Parties reporting the integration of cessation services into various levels of their health-care systems



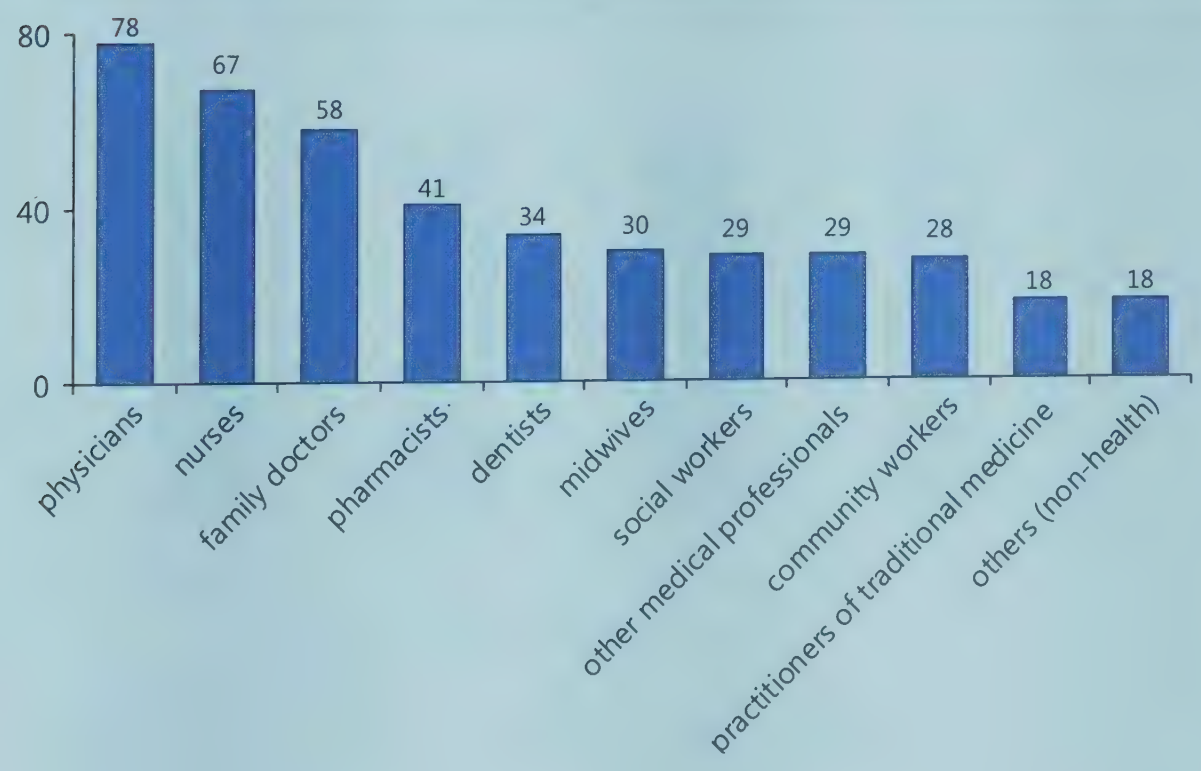
in line with the recommendation of the Article 14 guidelines. Parties also reported on other structures within their existing health-care systems that participate in tobacco-dependence treatment, for example centres providing psychiatric and neurological, drug treatment, and lung and chest care. Several Parties reported that private universities, private medical services, mental health institutions, and nonvgovernmental organizations also provide counselling and/or dependence treatment services.

Several Parties reported on the progress they have made in strengthening their cessation services. Two Parties (Oman and Qatar) reported that they have established their first cessation clinics, while Iraq reported on its plans to do so. Malaysia is integrating tobacco cessation services into its primary health-care infrastructure, and the United Kingdom reported the launch of a new programme within England's secondary health-care system to support smokers in quitting. Canada and France reported on implementation of new special programmes targeted at women and pregnant women, and Singapore reported on a pilot programme in the police force aimed at helping new recruits to quit.

Public funding or reimbursement schemes. One quarter of the Parties (32) reported that services integrated into the primary health-care system are fully reimbursed, 29 indicated that reimbursement is partial and 18 Parties that such services are not covered by public funding. In the case of specialized centres for cessation counselling, 23 Parties reported full, 19 partial and 34 no reimbursement, and six Parties reported that they provide cessation services free of charge (Botswana, Bulgaria, Chile, Israel, Latvia – and for those under 18 years of age, Palau).

Health professionals and others involved in counselling and dependence treatment and their training. Physicians, nurses and family doctors are the most involved health professionals (see Figure 22). Other health professionals who are involved include a wide range of specialized medical professionals, such as chest physicians; cardiologists; oncologists; ophthalmologists; otorhinolaryngologists; gynaecologists; psychiatrists; narcologists; tabacologists (health professionals specifically trained to provide tobacco cessation treatment in Belgium); defectologists ("special need educationalists" in Serbia). Other health professionals involved include mental health nurses, health visitors, specialized "stop smoking advisers" (in the United Kingdom), health education officers and public health specialists, and noncommunicable disease administrators within the health

Figure 22. Number of Parties that reported the involvement of various health and other professionals in treatment and counselling services



ministry (in Seychelles). Several Parties mentioned that non-health professionals, such as psychologists, and nongovernmental and religious organizations are also involved.

Curricula for health professionals. Close to one third of the Parties (46) reported that they include tobacco dependence treatment in the curricula of medical professionals. These figures drop to around 20% or lower in the case of other categories of health professionals, such as nurses, dentists and pharmacists (see Figure 23).

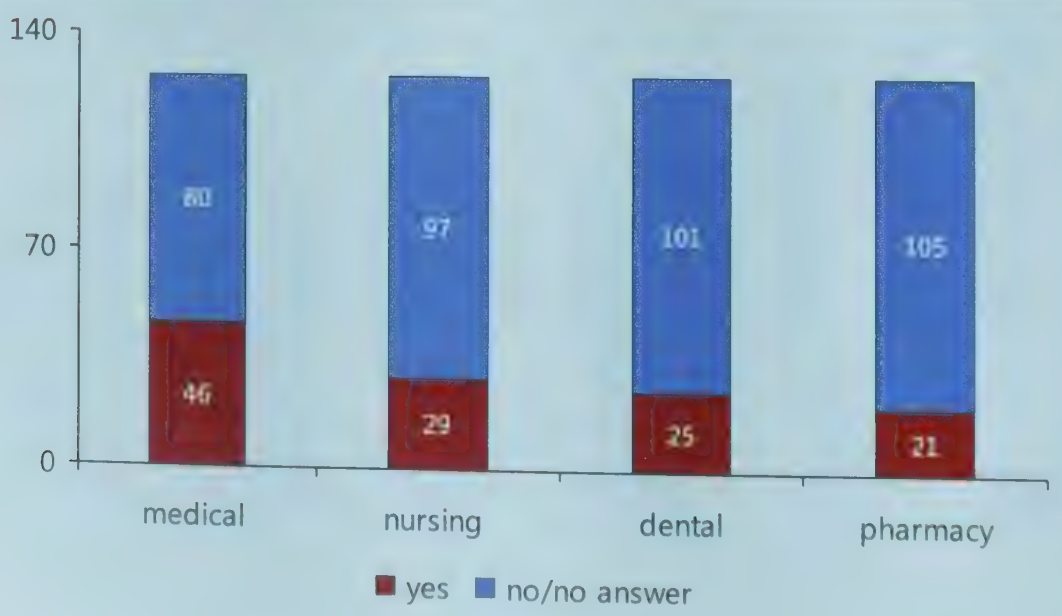
Accessibility and affordability of pharmaceutical products for the treatment of tobacco dependence. More than half of the Parties (72) stated that they seek to ensure the accessibility and affordability of treatment for tobacco dependence, including relevant pharmaceutical products. Seventy-four Parties reported the availability of nicotine replacement therapy (NRT); however, only 55 reported the availability of varenicline and 52 of bupropion.

Twelve Parties reported that other pharmaceutical products are available for tobacco-dependence treatment, as follows: cytisine/Tabex (reported by Bulgaria, Kyrgyzstan, Latvia, Serbia and Ukraine); clonidine (reported by Mexico), nortriptyline (reported by Finland, Mexico and New Zealand); escitalopram (reported by Panama). Mongolia reported on the production of a local drug for anti-smoking treatment.

Parties reporting on the availability of pharmaceutical products were also required to report on whether the costs of treatment with these products are covered by public funding or reimbursement. For treatment with NRT, 19 Parties reported full and 10 partial reimbursement; for bupropion, 11 Parties reported full and 12 partial reimbursement; and for varenicline, 10 Parties reported full and 10 partial reimbursement. There is an increasing number of Parties that include NRT in their essential drug lists, after the inclusion for the first time of NRT in WHO's Model List of Essential Medicines in 2009. Malaysia and Mongolia reported doing so since the submission of their previous implementation reports.

A few Parties also reported on challenges related to the availability and affordability of treatment with pharmaceutical products that may help users to quit. Benin reported that NRT is only available for personal import through pharmacies and that its cost is prohibitive. Fiji, Mongolia and Swaziland also reported that such products are inaccessible to the majority of smokers due to their high price.

Figure 23. Number of Parties reporting the inclusion of tobacco dependence treatment in the curricula of different categories of health professionals



Key observations

Based on the reports received in the 2012 reporting cycle, the average of the implementation rates of indicators under this Article is 46%, placing Article 14 among the eight substantive articles of the Convention that reached an average implementation rate in the middle range of 40%–60%.

There is a growing body of experience among the Parties on effective measures to promote tobacco cessation. At the same time, Parties' reports indicate that many opportunities to promote cessation are still underutilized. For example, only around one third of the Parties include tobacco dependence treatment in medical curricula and only half reported having developed national guidelines for tobacco cessation. There is also a relative lack of integration of cessation services into primary and other levels of health-care systems, reducing the accessibility of such services to many citizens.

The analysis shows that full implementation of this Article would benefit from more Parties developing and disseminating national tobacco-dependence treatment guidelines and strengthening relevant infrastructure, especially by building upon existing capacity. This could be done by utilizing primary, secondary/tertiary and specialist health-care systems and infrastructure, by expanding the range of health-care workers that are trained to provide brief advice, and by incorporating tobacco-dependence treatment into the core curricula and continuing professional training of all health professionals.

3.3 Reduction of the supply of tobacco *(Part IV of the Convention)*

Article 15 *Illicit trade in tobacco products*

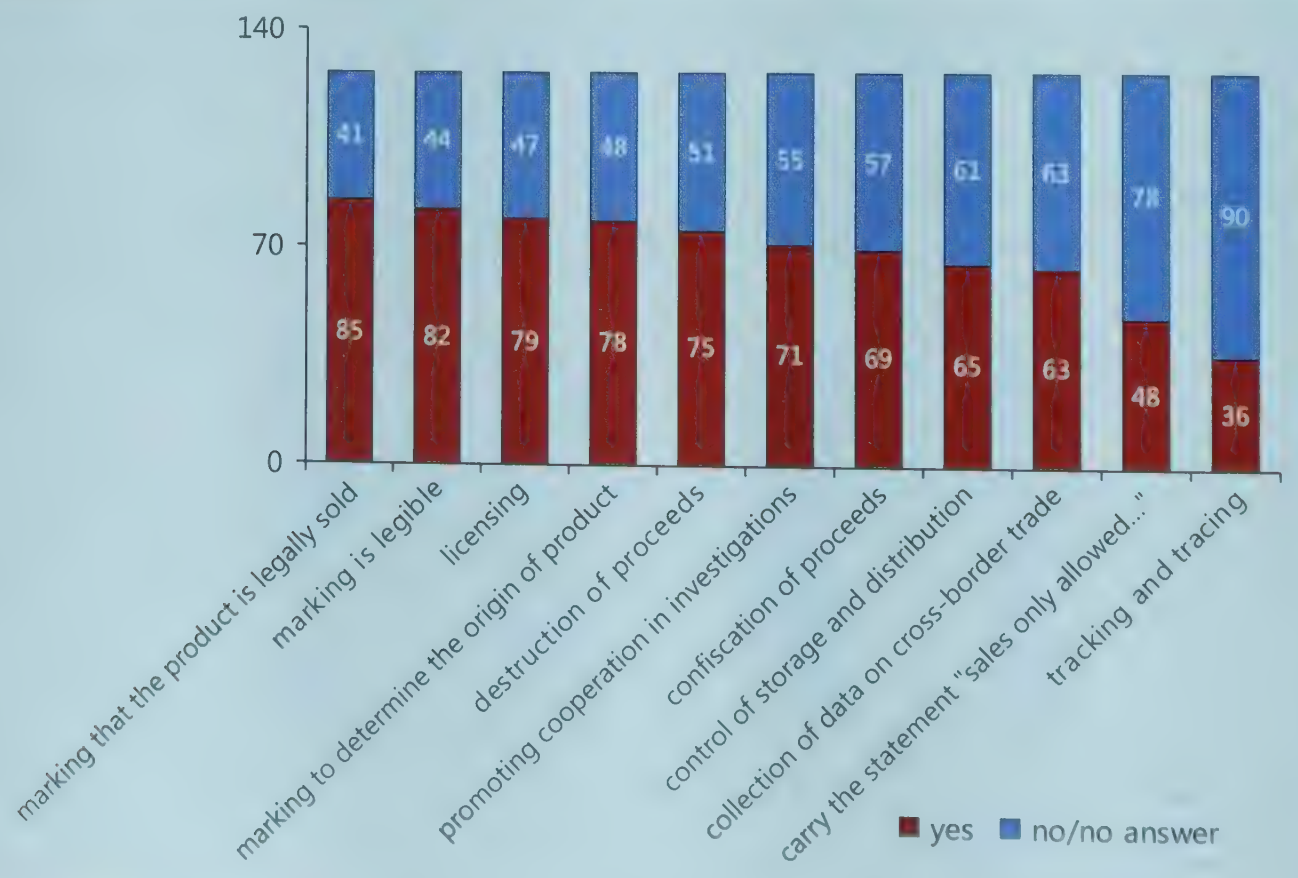
Article 15 concerns the commitment of Parties to eliminate all forms of illicit trade in tobacco products. The protocol to eliminate illicit trade in tobacco products[34] aims to supplement the Convention in this area.

Two thirds of the Parties (84) reported that they had enacted or strengthened legislation against illicit trade in tobacco products (see Figure 24). In addition seven Parties (Antigua and Barbuda, Bahamas, Benin, Paraguay, Solomon Islands, Togo, and Viet Nam) reported having recently begun to develop legislation in this area.

Seizures. More than half of the Parties (69) provided information on seizures of tobacco products. Twenty-five Parties reported that they have information on the percentage of smuggled tobacco products on the national tobacco market and 17 provided such percentages. According to the figures provided, the percentages among different countries range greatly, from 0.20% to 40%.

Marking of packaging. Close to two thirds of the Parties (78) reported that they require the marking of tobacco packaging to assist in determination of the origin of the product and marking determining whether the product was legally sold on the domestic market. Eighty-two reported that the marking is legible and/or presented in the principal language or languages of the country. However, only around one third of the Parties (48) require unit packets and packages of tobacco products for retail and wholesale use to carry the statement "Sales only allowed in..." or any other effective marking indicating the final destination of the product. Singapore requires that every duty-paid cigarette imported or manufactured to be sold in the country must be marked with the letters "SDPC" ("Singapore Duty-Paid Cigarettes").

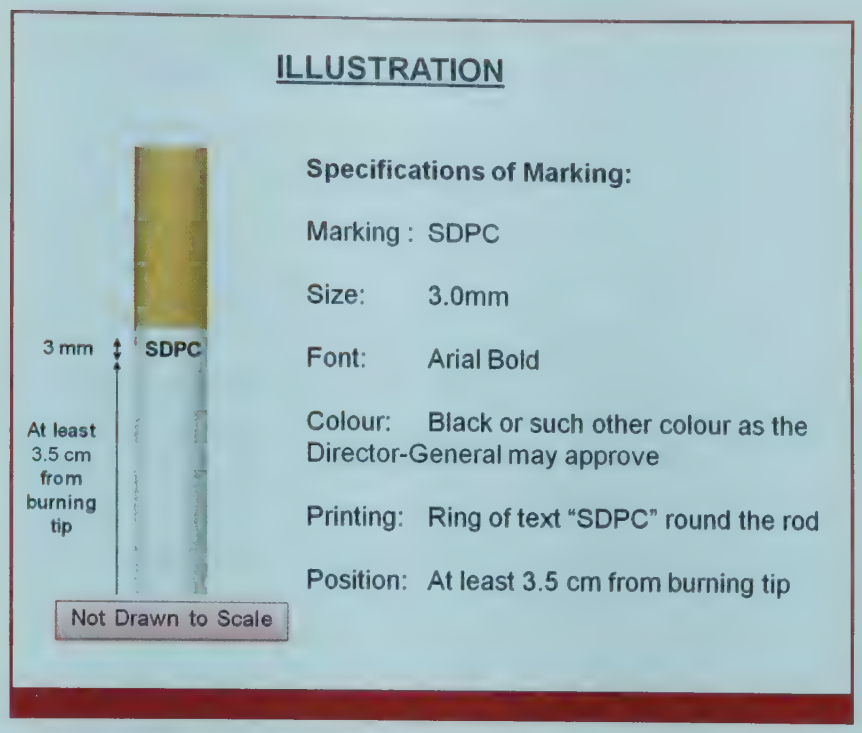
Figure 24. Number of Parties reporting implementation of Article 15 provisions.



[34] The draft protocol had been submitted for the consideration and adoption of the COP at its fifth session at the time of finalization of this report in October 2012.

Tracking and tracing. Over a quarter of the Parties (36) responded affirmatively to the question of whether they have developed a practical tracking and tracing regime that would further secure the distribution system and assist in the investigation of illicit trade. Half of the Parties (63) indicated that they require monitoring and collection of data on cross-border trade in tobacco products, including illicit trade.

Confiscation and destruction. Over half of the Parties (69) reported that they enable the confiscation of proceeds derived from illicit trade in tobacco products to take place and that they monitor, document and control the storage and distribution of tobacco products held or moving under suspension of taxes and duties. Seventy-five Parties reported that they require the destruction of confiscated equipment, counterfeit and contraband cigarettes and other tobacco products derived from illicit trade, using environmentally friendly methods where possible, or their disposal in accordance with national law.



Marking on individual cigarette sticks in Singapore. Photo courtesy of Singapore Customs.

Licensing. Regarding the requirement for licensing or other actions to control or regulate production and distribution of tobacco products in order to prevent illicit trade, nearly two thirds of the Parties (79) responded affirmatively.

Promoting cooperation on illicit trade in tobacco products. Seventy-one Parties responded that they promote cooperation between national agencies and relevant regional and international intergovernmental organizations with a view to eliminating illicit trade in tobacco products. Several Parties (Costa Rica, Ecuador, Federated States of Micronesia, Honduras and Palau) reported that they require support and strengthened cooperation for the implementation of measures to combat illicit trade. Four Parties (Kyrgyzstan, Portugal, Spain and Ukraine) mentioned that surplus production in other Parties may have been the cause of increased illicit trade in their country, an observation that also points to the need for strengthened international cooperation in this area.

Key observations

Implementation rates of measures under Article 15 of the Convention have barely changed since the publication of the 2010 global progress report. The average of the implementation rates of provisions under Article 15 is 55%.

In addition, the relatively low implementation of effective measures to combat illicit trade in tobacco products, especially tracking and tracing regimes, highlights the need for a reinforcement of tools and capacities for effective implementation of this Article, particularly in developing countries and at the subregional/regional levels.

The protocol to eliminate illicit trade in tobacco products that has been submitted for adoption by the COP at the time of finalization of this report contains key measures and international cooperation mechanisms to accelerate implementation of this important provision of the Convention.

Article 16 *Sales to and by minors*

This Article requires Parties to adopt and implement measures to prohibit sales of tobacco products to and by minors as well as other measures limiting the access of underage persons to tobacco products. Details of implementation are presented in Figure 25.

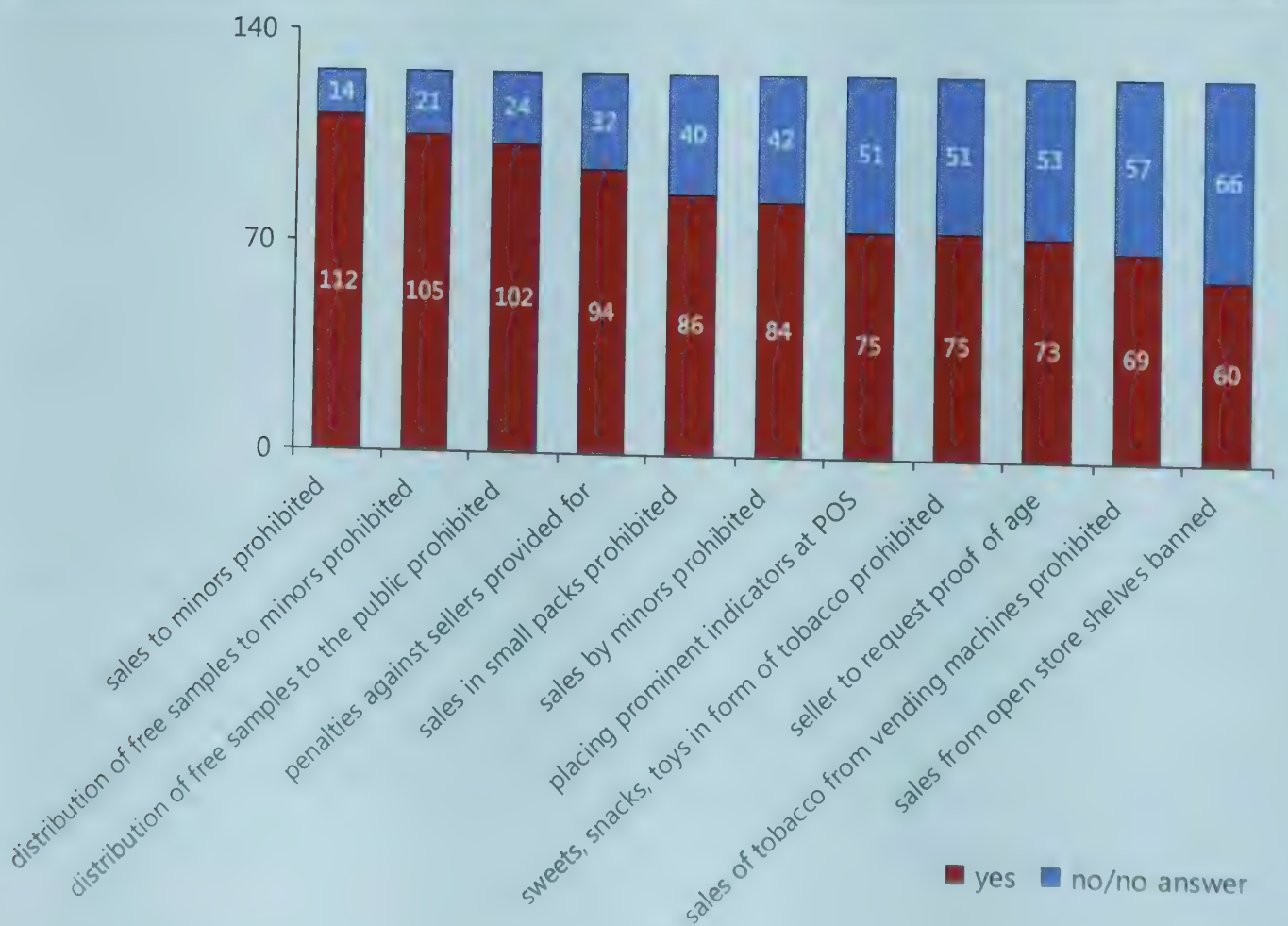
Approximately 90% of Parties (112) reported that they have prohibited sales of tobacco products to minors. The legal age of majority was specified as ranging from 16 to 21 years. Two thirds of the Parties (84) reported that they prohibit the sale of tobacco products by minors. Twenty-four Parties reported recently amending their existing legislation and seven Parties (Antigua and Barbuda, Bangladesh, Bosnia and Herzegovina, Botswana, Chile, Swaziland and Yemen) reported that they are currently considering new legislation to cover sales of tobacco products.

Several Parties reported on efforts to raise awareness among tobacco sellers and the general public of the rules concerning sales to minors. For example, Bahrain has introduced a uniform system of signs to be displayed at points of sale indicating the requirements of the law and the fines applied in case of non-compliance. In Chad, efforts were focused on informing the parents of children selling tobacco products of the illegality of this activity under current legislation. In Madagascar, a project alerting vendors of tobacco products to the new regulation has been completed.

Manufacture of products appealing to minors and distribution of tobacco products

Prohibiting the manufacture of products appealing to minors. Over half of the Parties (75) reported that they prohibit the manufacture and sale of sweets, snacks, toys or any other objects in the form of tobacco products that appeal to minors.

Figure 25. Number of Parties reporting implementation of Article 16 provisions



Distribution of free tobacco products. Measures to prohibit the distribution of free tobacco products to minors were reported by more than 80% of the Parties (105).

Sales of cigarettes individually or in small packets. Two thirds of the Parties (84) reported adopting policies to prevent the sale of cigarettes individually or in small ("kiddie") packs.

Circumstances of tobacco sales

Placing a prominent indicator inside the point of sale. Over half of the Parties (75) reported requiring sellers to place a clear and prominent indicator at points of sale about the prohibition of tobacco sales to minors.

Requiring evidence of full legal age. Again, over half of the Parties (73) reported that they require sellers of tobacco products, in case of doubt, to ask the purchaser for appropriate proof of full legal age.

Penalties against sellers. Three quarters of the Parties (94) reported providing for penalties against sellers and distributors in order to ensure compliance.

Some Parties gave specific examples of activities undertaken to monitor compliance (Cook Islands, Ecuador, France, Georgia, Iceland, Federated States of Micronesia, Panama and Vanuatu). Several Parties referred to challenges concerning enforcement, including the application of administrative penalties. Gabon, for example, indicated the difficulty of enforcing regulations with regard to the sale of individual cigarettes by kiosks and small boutiques. One experience from France is particularly revealing: a study commissioned by the National Committee Against Smoking and conducted in May 2011 focused on the compliance of tobacco sellers with the ban on tobacco sales to minors. It was found that only one quarter of the tobacco sellers visited required any proof of age from underage buyers and that almost two thirds of them sold tobacco products to young people aged 12 to 17 years.

Accessibility of tobacco products at the point of sale. Nearly half of the Parties (60) reported banning the sale of tobacco products in any manner by which they are directly accessible, such as on open store shelves.

Tobacco vending machines. Over half of the Parties (69) reported that they prohibit the sale of tobacco products from vending machines, and 50 Parties (40%) still allow such sales. Six Parties reported recently introducing ban on tobacco vending machines (Finland, Jordan, Malta, Palau, United Kingdom (England) and Vanuatu).

However, of those 50 Parties, 30 indicated that they require such vending machines not to be accessible to minors and/or not to promote the sales of tobacco products to minors. Some Parties in which vending machines are still operational provided examples of practices through which the accessibility of vending machines can be reduced to prevent minors from using them to purchase tobacco products.

For example, in various states in Australia, vending machines must be operated by a staff member, except those positioned in sight of the service counter in bars, casinos and bottle shops (shops selling alcoholic beverages), and they must not promote the sale of tobacco products to minors. In Austria, vending machines can only be unlocked by inserting a chip card (e.g. a bank card), which proves that the customer is of the minimum legal age for purchase of tobacco products. In Belgium, cigarette vending machines are installed in bars and can only be unlocked by using a coin that the buyer obtains from the person responsible for operating the machine. In Canada, the Federal Tobacco Act bans vending machines in public places except in bars, taverns or beverage rooms, and requires a prescribed security mechanism. Several provinces/territories have completely

banned the sale of tobacco products through vending machines. In Finland, the 2010 Tobacco Act forbids the sale of tobacco products from automatic vending machines, but the ban only enters into force on 1 January 2015. Until that time tobacco products may be sold from automatic vending machines only where such sales can be continuously monitored and supervised. In San Marino, vending machines must contain a device which requires the insertion of a document showing the age of purchaser.

Key observations

The average of the implementation rates of provisions under this Article is 68%, one of the highest implementation rates among all substantive articles of the Convention. Many Parties reported making progress in this area, also describing the areas of progress, and 13 Parties reported that they consider implementation of this Article to be a priority.

Implementation of this Article is a challenge for some Parties, either because of the lack of effective legislation or other regulatory measures, or because of difficulties regarding effective enforcement, a situation which is due, at least in part, to the lack of capacity for monitoring compliance.

In this context, important actions to accelerate implementation of this Article include considering the obligations as a comprehensive package, closing the loopholes with respect to various sales practices, including the selling of small packs, use of vending machines, or street sales of tobacco products, *inter alia*, by minors; and strengthening mechanisms of enforcement by, for example, increasing capacity for monitoring compliance and ensuring that penalties against non-complying sellers are effective deterrents.

Article 17 *Provision of support for economically viable alternative activities*

Article 18 *Protection of the environment and the health of persons*

Article 17 aims to ensure the provision of support for economically viable alternative livelihoods to tobacco workers, growers and individual sellers, while Article 18 addresses concerns regarding the serious risks posed by tobacco growing to human health and to the environment.

Tobacco growing. Sixty-two Parties reported that tobacco is grown in their jurisdictions, half of which provided statistical data on the number of workers, current farms or families producing tobacco. The amount of people involved in tobacco cultivation varies widely from 350–400 farmers in Fiji, through 70 000 farmers in Tunisia, to 1.51 million farmers in China.

Additionally, 17 Parties (27%) submitted information on the share of the value of tobacco leaf production in their national gross domestic product: in the majority of Parties the share remains around or below 1%. A few Parties reported the contribution of tobacco growing to their total agricultural output; even in these cases, the highest share is only 2% (Bulgaria).

Economically viable alternative activities. Parties were required to state whether they promote economically viable alternatives for tobacco growers, tobacco workers and sellers of tobacco products. Seventeen Parties reported that they have established programmes to promote viable alternatives for tobacco growers, while 61 Parties responded that this question is not applicable to them.

Only four Parties (Austria, Honduras, Malaysia and Tunisia) reported that they promote alternative activities for tobacco workers; furthermore, only two Parties (Austria and Botswana) indicated that they have established specific programmes for individual sellers of tobacco products.

Some Parties provided examples of how they approach the provision of alternative livelihoods to those involved in the tobacco sector.[35] For example, in Bangladesh, the Asian Development Bank has initiated a crop diversification project for tobacco growers and provided around US$ 40 million for the five years of the project. The project is being implemented within the framework of a broader agricultural development project aimed at crop zoning and better utilization of land. Brazil reported investing R$12 billion in 60 alternative livelihood projects that will benefit approximately 80 000 family farmers. Canada has established the Tobacco Transition Program to support tobacco growers who wish to cultivate other crops or find other sources of income. The programme resulted in a decline in the number of tobacco growers from 446 before the programme began to 214 in 2011. In 2009, Malaysia established the National Kenaf and Tobacco Board which has the mandate to assist farmers who want to cultivate alternative crops, particularly kenaf. The Crop Adjustment Program in Mexico supports farmers who would like to cultivate crops other than those traditionally grown, including tobacco; over the past 12 years, this programme has helped reduce tobacco production in the country by 80%. Lastly, Serbia and Turkey reported that they have achieved decreases in tobacco growing by reducing subsidies to tobacco growers.

[35] For more examples and information on alternative livelihoods please see the report of the working group submitted for consideration by the fifth session of the COP (document FCTC/COP/5/10).

Protection of the environment and the health of persons. As regards tobacco cultivation, 18 Parties responded that they consider the protection of the environment and the same number of Parties indicated that they consider the health of persons in relation to the environment.

In relation to tobacco manufacturing, 24 Parties indicated that they consider the protection of the environment, and 25 Parties indicated that they consider the health of persons in relation to the environment.

Several Parties reported making recent progress in implementation of this Article. Examples include: introducing policies to regulate tobacco manufacturing (Australia, Canada, Chad, Portugal and Serbia); implementing measures to improve energy savings and reduce emissions in the course of tobacco production (China); inspecting tobacco manufacturing facilities regularly to verify compliance with production standards (Botswana); establishing sanctions for environmental pollution caused by tobacco manufacturing (Guatemala); developing guidelines for good agricultural practices in the use of fertilizers, plant protection products and water consumption (Italy and Mexico); and ensuring that agricultural pesticides are only sold by dealers on prescription from agricultural engineers (Turkey).

Key observations

Based on the reports of Parties indicating that measures under Articles 17 and 18 of the Convention are applicable to them, the average of the implementation rates of measures under these articles are 8% and 21%, respectively. In spite of recent experiences and progress presented by the Parties, these remain two of the least implemented articles of the Convention.

Key challenges include the scarcity of information on specific programmes and relevant research, and the need for strengthened platforms for information sharing among interested Parties.

With respect to action to be taken, it should be noted that the report submitted to the COP at its fifth session by the working group on Articles 17 and 18[36] contains policy options and recommendations on economically sustainable alternatives to tobacco growing.

[36] Document FCTC/COP/5/10.

3.4 Questions related to liability *(Part VI of the Convention)*

Article 19 *Liability*

One quarter of the Parties (35) reported having implemented measures that tackle criminal and civil liability, including compensation, where appropriate, for the purposes of tobacco control.

Criminal and/or civil liability actions. In response to the question of whether any person in their jurisdiction had launched any criminal and/or civil liability action, including compensation, where appropriate, against tobacco companies in relation to adverse health effects caused by tobacco use, only 22 Parties (less than one fifth) responded "yes".

Twenty-three Parties provided information on recent progress made in implementation of Article 19. Three Parties reported that they had implemented measures in respect of civil liability for tobacco control (Burkina Faso, Canada and Honduras), and two other Parties reported covering both civil and criminal liability (Djibouti and Serbia). In addition, six Parties reported that they had existing measures with respect to civil and/or criminal liability that were not specific to tobacco control (Austria, Botswana, Germany, Malta, Mongolia and Sweden); five other Parties reported that they had implemented measures in respect of civil or criminal liability with a view to enforcing tobacco-control policies (Cook Islands, France, Solomon Islands, Swaziland and Togo). Finally, Ghana and Senegal reported that they were in the process of developing legislative measures for civil or criminal liability. More information in relation to Article 19 is contained in the document submitted for consideration by the fifth session of the Conference of the Parties.[37]

Legislative, executive, administrative and/or other action against the tobacco industry. Only six Parties reported on the actions they had taken against the tobacco industry for full or partial reimbursement of medical, social and other relevant costs related to tobacco use in their jurisdiction.

Brazil indicated that legislation was being developed to establish the compensation to be paid by the tobacco industry to the Government for the treatment costs of tobacco-related diseases.

Key observations

The average of implementation rates of measures required under Article 19 is 17%, among those attracting the lowest implementation rates.

The key challenge in implementing this Article is that although one quarter of the Parties reported having in place frameworks for criminal and civil liability in relation to tobacco control, relatively few reported details on operationalizing such frameworks. There is also a scarcity of successful and well-documented court cases to serve as good practice in this area. The above document (FCTC/COP/5/11) includes proposals to promote better understanding of the requirements of this Article, on the related national data collection needs and reporting of such matters by the Parties, as well as on means by which the COP supports Parties in this area. The consideration of this matter at the fifth session of the COP may assist Parties in strengthening implementation of Article 19.

[37] Document FCTC/COP/5/11.

3.5 Scientific and technical cooperation *(Part VII of the Convention)*

Article 20 *Research, surveillance and exchange of information*

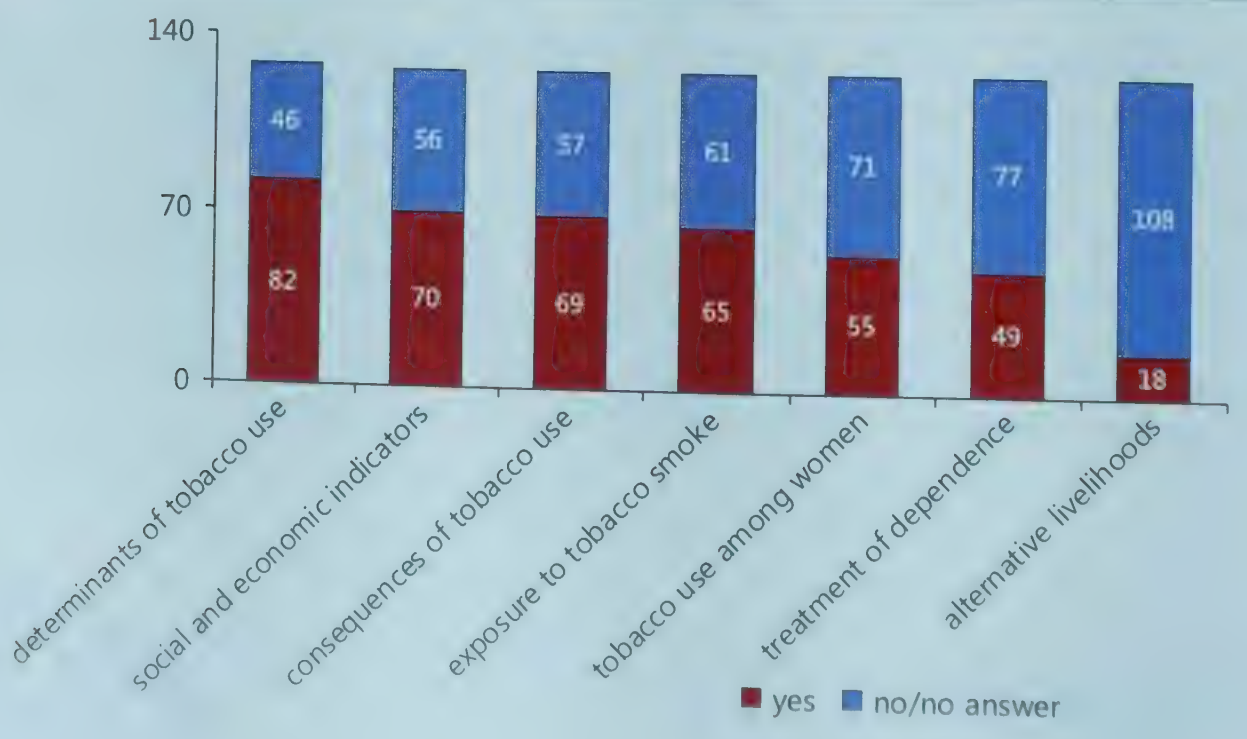
Under provisions of this Article the Parties undertake to develop and promote national research and to coordinate research programmes at the regional and international levels.

Research activities. The reporting instrument enables Parties to provide information on research being undertaken into various aspects of tobacco use and control. Findings indicate that research programmes most often address the determinants of and social and economic indicators related to tobacco consumption, followed by the consequences of consumption and exposure to tobacco smoke. Research to identify effective programmes for the treatment of tobacco dependence has only been reported as taking place in just over one third of the Parties. At the same time, 18 Parties reported having carried out research into the identification of alternatives to tobacco growing (see Figure 26).

Several Parties reported on other areas of research that are not covered by specific questions in the reporting instrument. These include: tobacco use among young people (Netherlands); tobacco policy monitoring, with special regard to supply and labelling of tobacco products and exposure to tobacco smoke (Panama); impact of tobacco-control policies on smoking rates and patterns of quitting (Republic of Korea); exposure to tobacco smoke in hospitality venues (Spain); comorbidity of tobacco use with alcohol consumption (Togo); tobacco industry interference with tobacco policy development (Ecuador).

Forty-four Parties reported on progress in research activities. Most of them indicated having implemented surveys within the Global Tobacco Surveillance System (Global Youth Tobacco Survey; Global Adult Tobacco Survey; Global School Professionals Survey; Global Health Professions Students Survey); several Parties reported that such studies are going to be undertaken in the near future and are currently being prepared. Five Parties (Fiji, Gambia, Georgia, Nepal and Solomon Islands) reported implementing or having recently implemented the WHO STEPwise Survey and four other Parties a Demographic and Health Survey (Azerbaijan, Guyana, Nepal and Rwanda). A few other Parties reported having implemented national initiatives that do not form part of any internationally

Figure 26. Number of Parties reporting implementation of research activities, by topic



coordinated data collection initiative, such as national health surveys, risk factors surveys, health behaviour surveys, and surveys on knowledge, attitudes and beliefs.

Training and support for research. Close to half of the Parties (65) reported that they have in place programmes to support those engaged in tobacco-control activities, including research, implementation and evaluation.

Five Parties (Australia, Finland, Mexico, Sweden and the United Kingdom) reported on training programmes and on the approaches they use to strengthen tobacco-control capacity in their jurisdictions. Specifically, Finland reported strengthening cooperation between the National Institute for Health and Welfare and the Regional State Administrative Agency in order to raise awareness of tobacco-control programmes in subnataional jurisdictions and local authorities. In Mexico, the National Institute of Respiratory Diseases organized a meeting of researchers working on tobacco-related matters in order to promote information exchange and collaboration between different stakeholders in the field. In Sweden, the National Tobacco Control Commission financed several projects aimed at developing methods for tobacco prevention and supporting dissemination of evidence-based methods. In the United Kingdom, the Department of Health financed, through the Centre for Tobacco Control Studies (a network of nine universities in the country working in the field of tobacco control), advocacy teaching and training.

National systems for epidemiological surveillance. Over half of the Parties (74) reported covering patterns of tobacco consumption in their national epidemiological surveillance systems; 61 Parties reported covering exposure to tobacco smoke; 56 Parties reported covering the determinants of tobacco consumption; 50 Parties reported covering the consequences of tobacco consumption; and 50 Parties reported covering the social, economic and health indicators related to tobacco consumption.

Parties' reports provide examples of their practices concerning regular collection of tobacco-related national data. In Lithuania, a survey on health behaviour among the adult population is performed every second year by the Lithuanian University of Health Sciences. In Malta, information on lung cancer incidence and on tobacco-related deaths is collected by the Directorate for Health, Information and Research, while data on smoking among pregnant women are collected as part of the National Obstetrics Information System. In the Republic of Korea, the National Health and Nutrition Examination Survey has been conducted annually since 2008 by the Korea Centre for Disease Control and Prevention, including information on tobacco consumption. South Africa also reported that research on tobacco use is being carried out continuously at both national and regional levels.

Exchange of publicly available information. More than half of the Parties (76) reported that they have promoted the exchange of scientific, technical, socioeconomic, commercial, or legal information; fewer than half (52) and a quarter (30), respectively, of the Parties, exchange information on the activities of the tobacco industry and on the cultivation of tobacco. A few Parties reported on recent progress made. Italy and Spain reported that they have collaborated within the framework of research programmes coordinated by the European Union (EU); Italy specifically referred to a programme on exchanging information on tobacco cultivation at EU level. The Republic of Korea reported launching an Internet-based information system that disseminates tobacco-related information to health professionals and the public.

Database on laws and regulations. Around two thirds of the Parties (89) reported that they maintain a database of national laws and regulations on tobacco control and slightly above half of the Parties (69) reported that the database also contained information on the enforcement of those laws and regulations.

In terms of recent progress in this area, several Parties (Australia, Canada, Guatemala, New Zealand, Panama, San Marino and Sweden) indicated that they have made their tobacco-related laws, regulations and pertinent jurisprudence publicly available through different mechanisms, such as web sites or databases. In particular, Panama reported maintaining a database on tobacco-related legislation and another on relevant jurisprudence, and Guatemala that a database on tobacco-control legislation and its enforcement is being created. Canada reported a publicly funded programme implemented by a nongovernmental organization aimed at maintaining a web site on relevant judicial activities.

Key observations

The implementation rates of indicators (47%) under Article 20 places this Article in the middle range of implementation (those provisions with an implementation rate of between 40% and 60%). Nevertheless, a number of Parties reported having made progress in strengthening their research capacity and surveillance, including the implementation of research activities aimed at supporting policy development and training programmes as well as information exchange at national and international levels.

Key challenges in implementing this Article include the limited amount of research being undertaken at national level (including basic information such as prevalence data); and insufficient national capacity and funding for research, monitoring and evaluation. Many Parties still do not have an established and functioning national system for epidemiological surveillance of patterns and consequences of tobacco consumption and there is also a relative lack of gender-specific research and research in the treatment of tobacco dependence.

Important measures to accelerate implementation of Article 20 include the following: strengthening national capacity among the Parties for and collection of tobacco-related data (including prevalence, exposure to tobacco smoke, mortality and the economic impact of tobacco use) by those indicators that Parties are required to report in the reporting instrument of the WHO FCTC; and building or strengthening research capacity, including by training and supporting those engaged in tobacco-control activities.

Article 21 *Reporting and exchange of information*

Parties are required under Article 21 of the Convention to submit to the COP, through the Secretariat, periodic reports on the implementation of the Convention. The COP determines the frequency and format of such reports.

Status of reporting by the Parties. Before 2011, the transition to the new standardized biennial cycle, reports were presented by each Party two and five years after the entry into force of the Convention for that Party. By 31 December 2010, 139 of 160 Parties (87%) had submitted their first (two-year) implementation reports; and 52 of 87 Parties (60%) had submitted their second (five-year) reports. This resulted in an overall rate of report submission of 73%. It should be noted, however, that only about one quarter of those Parties that reported had done so by their individual deadlines.

At its fourth session in 2010, the COP revised the reporting cycle and linked it to its regular sessions. In the first such reporting cycle, 126 (72%) of the 174 Parties that were due to report actually submitted their implementation reports. Though the reporting rate therefore remained nearly the same, there was a notable improvement in the completeness of the reports and Parties' compliance with the requirements of the reporting instrument. In particular, more information was provided by the Parties in areas such as tobacco-related social costs, tobacco-related mortality and exposure to tobacco smoke, more details were provided in the open-ended questions, and more documents were attached to support the reports.

Overall, since the start of the first reporting period in February 2007 and up until October 2012, when this document was finalized, the Secretariat had received at least one implementation report from 159 out of the 174 Parties (91%). Fifteen Parties that were due to report at least once by September 2012 had not submitted any implementation report. The status of reporting by the Parties as at 15 June 2012, including the number of reports and submission dates, is provided in Annex 1.[38]

Assistance to Parties in reporting and further development of the reporting instrument. While the overall reporting rates are comparable to the experience of most other treaties, the figures indicate that reporting is still a challenge for a number of Parties. Article 21.3 of the Convention requires the COP to consider arrangements for assisting developing country Parties and Parties with economies in transition, at their request, in meeting their obligations under Article 21.

The Secretariat has taken various opportunities to promote the reporting system of the Convention and train officers responsible for reporting, for example by holding reporting sessions within global and regional meetings on implementation of the Convention. The Secretariat has also established an Internet-based forum for discussing reporting and exchange of information. In addition, at the beginning of the 2012 reporting cycle, Internet-based training sessions were held in English, French and Spanish to further inform and train interested officials on reporting under the Convention. The assistance and clarifications provided to a large number of Parties promoted the timely submission of the reports and their compliance with reporting requirements. Moreover, the Secretariat has provided feedback to all Party counterparts upon submission of their reports, further promoting a common understanding of the reported items.

The reporting system of the Convention has evolved over time. The reporting instrument allows Parties to comment and advise on the future development of the reporting

[38] See also the information contained in the the WHO FCTC web site, at: http://www.who.int/fctc/reporting/reporting_timeintro/

system of the Convention. Comments received from several Parties are directed at further improving the user-friendliness of the system. The Secretariat will consider these comments along with its own experiences and lessons learnt from the 2012 reporting cycle and will propose amendments to the system, under the guidance of the COP, as appropriate.

Further progress in developing the reporting system of the Convention can be expected at the fifth session of the COP based on consideration of the Secretariat's report[39] that contains recommendations reflecting the key measures contained in the guidelines; on standardization of definitions and indicators; and to facilitate regular reviews of progress in implementation of the WHO FCTC.[40]

[39] Document FCTC/COP/5/14.

[40] See : http://apps.who.int/gb/fctc/PDF/cop5/FCTC_COP5_14-en.pdf

Article 22 *International cooperation*

Article 22, as well as Article 26, of the Convention require Parties to cooperate directly or through competent international bodies to strengthen their capacity for implementing obligations arising from the Convention, and to ensure adequate financial resources for the implementation of national activities.. Article 21.1(c) of the Convention requires Parties to report on any technical and financial assistance provided or received for specific tobacco-control activities.

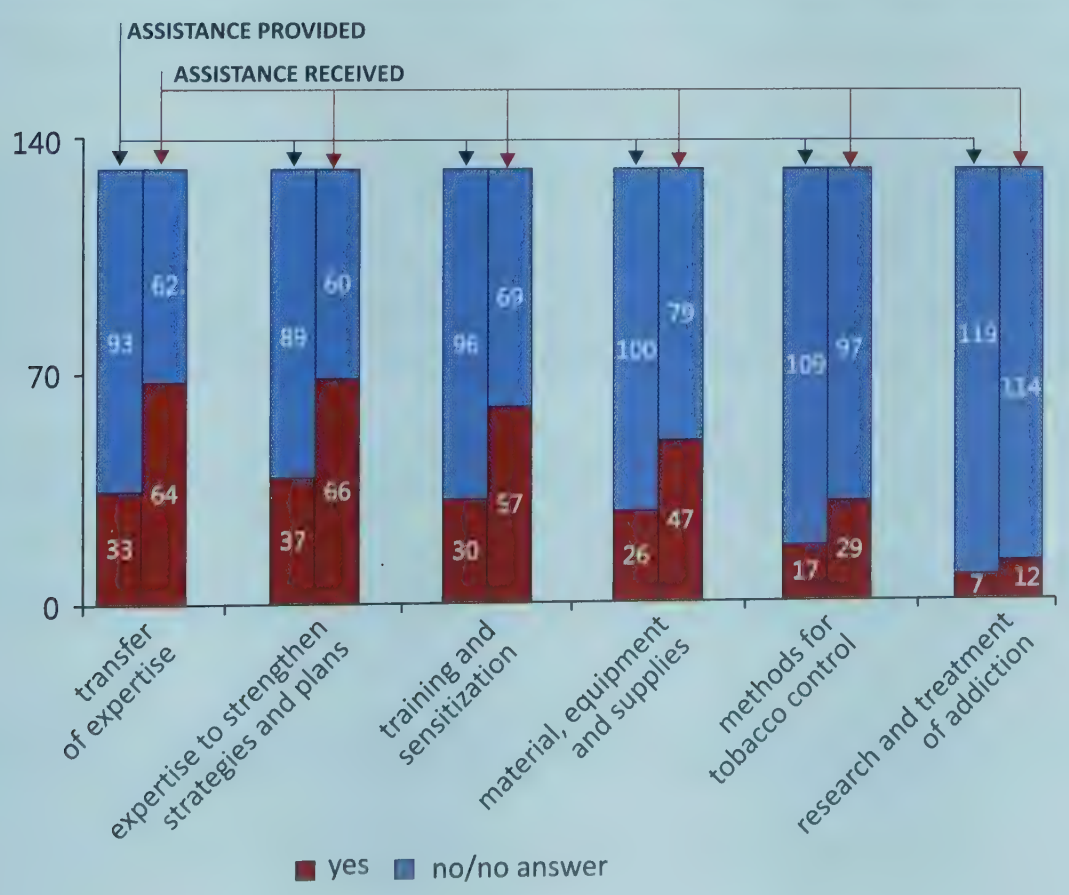
Areas of assistance. Parties were requested to provide information on technical and financial assistance provided or received in specific areas linked to the provisions of Article 22. On average, around 30 Parties reported either receiving or providing assistance in areas pursuant to Articles 22.1(a), (b), (c) and (d). The least reported areas fall under 22.1(e) and (f), which refer to the treatment of nicotine addiction and research to increase the affordability of comprehensive treatment of nicotine addiction (see Figure 27). In addition, almost one quarter of the Parties (30) reported on financial or technical assistance that may be under consideration.

Three quarters of the Parties (95) added more details of the assistance they provided or received, including the names of countries or organizations from which they received or to which they provided assistance.

Specifically, 17 Parties (Antigua and Barbuda, Australia, Belgium, Canada, Finland, France, Ireland, Kazakhstan, Malaysia, Netherlands, New Zealand, Panama, Spain, Sweden, Republic of Korea, Serbia, and Turkey) reported that they have *provided assistance* to other Parties for implementation of the Convention.

Almost two thirds of the Parties (78) identified in their reports the Parties and/or international organizations from which they *received assistance*; reference was made to WHO, including headquarters, regional and country offices, 13 governments, three

Figure 27. Percentage of Parties reporting on assistance they provided or received, by areas of assistance



intergovernmental, 24 nongovernmental, four regional integration and three other organizations as sources of assistance.

The areas of assistance include: development of national legislation and action plans; smoke-free, taxation and other tobacco-control policies; tobacco product regulation and testing; capacity building and training; packaging and labelling of tobacco products, including granting licence permission; education, communication and public awareness campaigns; tobacco dependence and cessation; research, surveillance and exchange of information; expertise, knowledge, equipment and financial support for tobacco-control programmes; support to attend international conferences including the COP and its subsidiary bodies; and conducting needs assessments.

Encouraging implementation assistance through membership in international organizations. In addition to Article 22, Article 26.4 calls upon Parties to encourage international organisations of which they are members to assist Parties in meeting their obligations under the Convention. Only 16 Parties (Afghanistan, Australia, Bahamas, Botswana, Brazil, Canada, Cook Islands, Costa Rica, Federated States of Micronesia, Guatemala, Namibia, Panama, Spain, Suriname, Serbia and Swaziland) reported utilizing this mechanism; all of them also provided details of such efforts.

For example, Australia and Spain reported that they promoted the inclusion of the WHO FCTC in the United Nations General Assembly High-level Meeting on the Prevention and Control of Noncommunicable Diseases. Serbia reported advocating with the Global Fund to Fight AIDS, Tuberculosis and Malaria to consider including financing of national tobacco-control programmes. The World Bank through its Basic Health Package II Project provided technical assistance to Bosnia and Herzegovina in drafting its federal tobacco control strategy 2003–2008. The Southern Common Market (MERCOSUR), through its Intergovernmental Committee, promotes information sharing and technical cooperation in the area of tobacco-control legislation among its member countries.

Key observations

The average implementation rate of this article is 19%, among those with the lowest implementation rates globally, taking into account indicators concerning assistance provided. Although the response rates to questions on Article 22 of the Convention have increased considerably across the reporting periods, Parties still report more often on assistance received than on assistance provided.

Overall, one third of the Parties indicated some assistance received or provided for any treaty-related activity in areas pursuant to Articles 22.1(a)–(f); most of the assistance received or provided was in the area of establishing and strengthening national tobacco-control strategies, plans and programmes, and the least amount of international cooperation occurred in the area of cessation of tobacco use.

In this context, important actions to accelerate implementation of this Article include: strengthening international cooperation to facilitate compliance with various requirements of the Convention and further promoting cooperation through existing global, regional and subregional mechanisms and through the United Nations system.

4. PREVALENCE OF TOBACCO USE AND TOBACCO-RELATED MORTALITY

4.1 Prevalence

Of the 126 reports received, 112 (89%) contained recent data on smoking among both adults and young people. In adults, 107 of these 112 reports also provided data broken down by gender. The most frequently reported age group for young people was 13–15 years (60 reports), reflecting the high number of Parties using the Global Youth Tobacco Survey. These data, along with other available prevalence data, were used to calculate *weighted average* prevalence rates.[41] In addition, the *actual prevalence* data reported by the Parties are analysed at the end of this section in terms of changes occurring in individual Parties over the reporting periods.

For the purposes of calculating *weighted averages*, data reported by the Parties were checked against the supporting documents submitted or directly with the quoted data source. Indicators were disaggregated by adults and by youth and within each category by sex and by smoking and smokeless tobacco use.

Tobacco use by adults

Smoking tobacco. Globally, the weighted average adult prevalence rates estimated for the year 2010 showed that 36% of males and 7% of females were current smokers (see Table 5).

The rates for *current* smoking among males varied between regional groups of Parties from 18% in the WHO African Region to as high as 48% in the Western Pacific Region. For females, the rates varied from 3% in the African, South-East Asia and Eastern Mediterranean Regions to 19% in the European Region. The greatest difference by gender was observed in the Eastern Mediterranean and Western Pacific Regions, where 12 times more males were current smokers than females. The smallest difference was observed in the Region of the Americas, where twice as many males as females were current smokers.

For *daily* smoking, average prevalence rates among males varied from 12% in the African Region to 42% in the Western Pacific Region. Rates among females varied from 2% in

Table 5. Estimated regional averages for prevalence of smoking and smokeless tobacco use among adults (%)

WHO region	Males			Females		
	Current smokers	Daily smokers	Current smokeless tobacco users	Current smokers	Daily smokers	Current smokeless tobacco users
African	18	12	9	3	2	2
Americas	26	15	1	13	8	0
South-East Asia	28	17	36	3	2	10
European	41	36	3	19	16	5
Eastern Mediterranean	35	27	11	3	2	4
Western Pacific	48	42	1	4	3	2
Global	**36**	**29**	**23**	**7**	**5**	**7**

[41] This work was carried out by WHO's Tobacco Free Initiative, which kindly provided such estimates to the Convention Secretariat.

the African, South-East Asia and Eastern Mediterranean Regions to 16% in the European Region.

The average prevalence rates were also found to vary by country income groups (see Table 6). Middle-income countries showed the highest average rates for male current smokers, while the average rates for male daily smoking were similar for middle-income and high-income countries. Low-income countries are not far behind the global average for male smoking rates, both current and daily. Among females, average smoking rates were several times higher in high-income countries than in middle- and low-income countries.

Smokeless tobacco. Forty-four Parties (35%) provided data on the use of smokeless tobacco products from surveys completed between 2003 and 2011. Among the Parties that did not provide information on smokeless tobacco consumption, some stated that sales of smokeless tobacco were prohibited by law in their jurisdictions, while others indicated that they have not yet collected data on smokeless tobacco use.

Weighted average prevalence rates of smokeless tobacco use calculated from the data submitted by Parties showed that globally 23% of males and 7% of females currently used smokeless tobacco (see Table 5). For current smokeless tobacco consumers, the average male prevalence rates varied from 1% in the Region of the Americas and the Western Pacific Region, to 36% in the South-East Asia Region; for females the rates varied from close to 0% in the Region of the Americas to as high as 10% in the South-East Asia Region.

Tobacco use by youth

Smoking tobacco. In terms of weighted averages, globally the proportion of boys who smoke (16%) is almost three times that of girls (6%). Intraregional variations between boys and girls are highest in the Western Pacific Region, with boys (18%) smoking four times more than girls (4%), while the difference is less than two times in the Region of the Americas and the European Region.

Smokeless tobacco. Globally the weighted average calculated for boys and girls shows that 8% of boys and 6% of girls consume smokeless tobacco. Among girls, the highest proportion (17%) is found in the Western Pacific Region and the lowest (2%) in the European Region. Information from more countries will be needed to establish a comprehensive picture for global and regional averages and trends.

Tobacco use in ethnic groups[42]

Twenty-six of the 126 reporting Parties presented data on tobacco use by ethnic groups. Data in this section were not sufficient to enable conclusions to be drawn on the basis of

Table 6: Estimated averages for prevalence of smoking tobacco among adults by country income group (%)

Country income groups	Male		Female	
	Current smokers	Daily smokers	Current smokers	Daily smokers
Low-income	31	22	4	2
Middle-income	37	29	5	4
High-income	35	30	17	14
Global	**36**	**29**	**7**	**5**

[42] No formal definition of ethnic groups is provided in the reporting instrument, leaving the interpretation of which groups to include open to interpretation by Parties. In some cases, Parties have defined reported prevalence of tobacco use among indigenous populations whereas in other cases different nationalities, countries of origin, places of residence or birthplaces have been used as an indicator of ethnicity.

comparisons between prevalence rates in ethnic groups. In Australia and New Zealand, tobacco use prevalence in indigenous populations exceeds the country average, while indigenous populations in three Parties from South America (Ecuador, Guatemala and Paraguay) tend to smoke less than the country average. Several Parties reported different levels of tobacco use among the nationalities living in their jurisdiction. Benin and Togo reported significant differences (between 2% and 54%, and between 3% and 14%, respectively) in tobacco use by various ethnic groups. Similar differences within the country were also reported by Palau. Variations in tobacco use among ethnic groups call for the development of specific approaches targeting such groups.

Changes between the two reporting periods

Smoking tobacco. Changes in adult tobacco use prevalence were assessed by comparing figures reported by the Parties for which more than one dataset is available across the two reporting periods, that used the same data collection methodology across the two periods, and in which the latest data were collected in 2010 or later. Twenty-five Parties with two such datasets were identified. The figures show that tobacco use decreased over recent years in 18[43] of these 25 Parties, with decreases ranging from 0.40 (Republic of Korea) to 12.3 (Ukraine) percentage points for total adult prevalence. In six Parties prevalence has increased, with changes ranging from 0.37 to 5.80 percentage points. In most Parties, prevalence figures changed in the same direction for both males and females. In one Party, reported figures indicate no change over recent years.

In a similar exercise for young people,[44] in 15[45] of the 24 Parties with two comparable datasets available, total youth smoking prevalence decreased by between 0.50 (Australia and Ukraine) and 4.00 (Slovenia) percentage points. In eight Parties, however, there was an increase ranging from 0.90 to 6.80 percentage points. The data show that the directions of changes in prevalence were more divergent between boys and girls than between adult males and females. In one Party, the reported figures indicate no change in total youth cigarette smoking in recent years. Full data on prevalence of tobacco use, as reported by the Parties, can be found in table format compiled by the Secretariat at: http://www.who.int/fctc/reporting/summary_analysis.

DATA ON SMOKELESS TOBACCO PRODUCTS AVAILABLE IN PARTIES' REPORTS[1]

Taking into account the growing share of smokeless tobacco (SLT) use within the overall consumption of tobacco products and its negative health impact on societies, the need for research, regular data collection and information exchange on SLT emerges as a matter of particular importance. In the reporting instrument, Parties are required to report data on the prevalence of SLT use, licit supply, seizures, taxation and prices of SLT products. Two thirds of the Parties (84) that submitted a report in the 2012 reporting cycle included data on SLT in their reports, but the completeness of the information provided varies greatly. Algeria and Canada reported on all five areas; several Parties (Bangladesh, Federated States of Micronesia, Nepal, Norway, Oman, Swaziland, Sweden, United Kingdom and Yemen) provided information on four of the five. Data on prevalence of SLT use are presented in the text of the report. A brief summary of other data is given below.

Twenty-three Parties reported on the licit supply of SLT products, including local production and imports and 10 Parties reported on seizures. For example, France indicated that 0.51% of the country's tobacco market consists of SLT sales and Sweden reported a threefold increase in the volume of seizures of illegally traded snus between 2007 and 2011.

Thirty-four Parties reported on tax rates and 23 Parties on prices of SLT products. In general, SLT products are taxed at lower rates than smoking tobacco products. For example, in Afghanistan snuff attracts an import tax which is only half of the level applied to smoking tobacco products. In Norway, the tax rates applied to SLT are lower than those applied to all other tobacco products, including pipe tobacco. In the United Kingdom, SLT is taxed at the same rate as pipe tobacco, but at a lower rate than cigarettes. In Panama, SLT products have only been subject to the so-called selective consumption tax (like other tobacco products) since 2009. Several Parties (Norway, Serbia, Singapore, Sweden and the United Kingdom) reported recent increases in taxes applied to SLT products. In Singapore, the rates applied to SLT are the same as to cigarettes, cigars and pipe tobacco.

[43] Australia, Canada, Chile, Denmark, Estonia, Finland, Germany, Iceland, Israel, Italy, Netherlands, New Zealand, Norway, Panama, Republic of Korea, Sweden, Turkey and Ukraine.

[44] Only Parties for which the most recent data were collected in 2009 or later were included in the analysis.

[45] Belarus, Bhutan, Congo, Finland, Guyana, Japan, Jordan, Kuwait, New Zealand, Norway, Singapore, Slovenia, Spain, Ukraine and the United Kingdom.

Smokeless tobacco. Some Parties provided their observations on the trends of smokeless tobacco (SLT) use. For example, Denmark reported that the use of snuff and chewing tobacco is becoming more prevalent among younger age groups, while some years ago it was more common among the adult male population. In Finland and Sweden the use of snus/moist snuff remained relatively unchanged between 2005–2010 and 2009–2011. In Iceland, the rates of the use of traditional nose tobacco (the only SLT form which can legally be purchased) have increased among young people. In Norway, the prevalence of snus/moist snuff use has increased by about one percentage point in the past two years, with a steeper increase in men than in women and especially in younger age groups (16–24 and 25–34 years). In contrast, Paraguay saw a slight decrease in SLT use among young people. In South Africa, the prevalence rates of oral and nasal snuff use tripled between 1998 and 2003 among men, but the increase was fivefold in those aged 15–24 years. At the same time, the overall rates among women have not changed, but use of SLT products increased in those aged 35 years or more.

4.2 Tobacco-related mortality

More than one third of the Parties (50) reported on tobacco-related mortality data, up from only 15 Parties in 2010. The reported figures show broad variations depending on the size of the country. The highest figures were reported by Parties with large populations such as China, with 1.2 million tobacco-related deaths, and the Russian Federation, reporting 278 000 tobacco-related deaths. Conversely, Malta reported only 317 and Paraguay 730 tobacco-related deaths.

DATA ON SMOKELESS TOBACCO PRODUCTS AVAILABLE IN PARTIES' REPORTS (continued)

In addition to data required in the reporting instrument, some Parties provided details of their legislation, regulations or policies concerning SLT products. For example, in Brunei Darussalam the importation and sale of SLT products have been prohibited through the Tobacco Order since 2007. SLT products have not been legally available for sale in Australia and New Zealand since 1990. Some Parties referred to the ban on any tobacco product for oral use, except those intended to be chewed, covering 26 Member States of the European Union (Sweden was granted an exemption from the ban in its accession treaty when it joined the European Union in 1995). In Malta there has been a ban on SLT products since 1988. Other Parties indicated that while there is no formal ban on use in place, the use of SLT products is very limited.

Three Parties reported on recently completed or ongoing research concerning SLT: in Australia, the Government has commissioned research on options for further regulation of electronic nicotine delivery systems and smokeless tobacco products; Iceland reported that a survey on the use of SLT was completed in June 2011 and that it is currently undertaking a project that targets young people and is aimed at raising awareness of the negative consequences of SLT use; Nepal reported that it completed a research project on smoking and smokeless tobacco products in 2011.

In summary, while some Parties provide good-quality information on matters related to SLT use and control, there is a need to further improve data collection and reporting in this area. The sharing of information on SLT among the Parties within the framework of the current WHO FCTC reporting instrument would also be valuable. On the other hand, should the COP so decide the instrument could also be strengthened such that more structured information on SLT use would be required.

Of the 15 Parties that reported data on mortality figures in both reporting periods, only two had comparable data, showing in both cases a decrease in tobacco-related mortality. Norway saw a decrease in the number of tobacco-related deaths from 6698 (in 2003) to 5100 (in 2009). In the Netherlands the number of deaths reported decreased from 19 522 (in 2008) to 19 246 (in 2009).

The number of Parties from which mortality data are available increased across the reporting periods, from 15 Parties reporting such data in 2007–2010 to the 50 Parties referred to in this report. Of the 50 Parties that included data on tobacco-related mortality, 31 collected data from local studies, in 14 cases Parties referred to academic journal articles, and in five cases Parties provided mortality estimates supplied to them by WHO.

Research involving patterns of tobacco related morbidity and mortality needs to be strengthened in many Parties. The methodologies of various studies should be aligned to ensure that monitoring of morbidity and mortality data provides a sound basis for strengthened implementation of the Convention.

5. PRIORITIES AND CHALLENGES IN IMPLEMENTING THE CONVENTION

Priorities. Over 90% of the Parties (116) reported at least one priority for implementation of the WHO FCTC. In line with the situation previously, requirements under Article 5 still hold the highest positions in the priority lists of Parties, with more than half of the Parties reporting on a priority falling under the scope of Article 5.

The most frequently mentioned priorities in relation to Article 5 include: adoption and implementation of legislation, including the development of related regulations; development of national tobacco-control strategies and action plans; enforcement of the legislation in place; strengthening capacity for tobacco control, including reinforcement of the focal point or tobacco-control unit; and establishment of an intersectoral committee for tobacco control.

In addition, nine Parties (Brazil, Chad, Ecuador, Fiji, France, Lao People's Democratic Republic, Malaysia, Philippines and Singapore) indicated that they consider preventing interference by the tobacco industry (Article 5.3) to be a priority.

Several Parties stressed the importance of intersectoral cooperation in implementation of the Convention and indicated that they consider achieving coordination among different sectors to be a priority. For example, Brazil mentioned the need to incorporate obligations under the WHO FCTC into other national, sectoral policies, such as consumer protection, agriculture, women and the environment, and to dedicate funds in the budget of each relevant ministry for tobacco control. Singapore indicated that it considers implementation of the treaty in a holistic way and aims to ensure that all requirements of the treaty are met. However, several Parties not only reported that the involvement of the sectors other than health was a high priority for them, but also that this can be challenging. For example, Barbados indicated that tobacco control is still very much health-sector driven, and that the full commitment and contribution of other sectors is still to be achieved.

Many Parties also referred to prioritizing activities linked to specific articles of the Convention. The most frequently reported priority areas are: protection from exposure to tobacco smoke (Article 8); education, communication, training and public awareness (Article 12); taxation of tobacco products (Article 6); packaging and labelling of tobacco products (Article 11); treatment with regard to tobacco dependence and cessation (Article 14); and tobacco advertising, promotion and sponsorship (Article 13).

Needs and gaps. Over half of the Parties (67) reported that they had identified gaps between resources available and needs assessed. Most of the Parties indicated that technical and financial resources devoted to tobacco control do not match the existing needs. Among the technical areas that need further attention from their side, Parties mentioned the following:

Pictorial warning in Mauritius.
Photo courtesy of Ministry of Health and Quality of Life, Mauritius.

- implementation of more public awareness campaigns and training programmes (in relation to Article 12 of the Convention);
- strengthening of cessation efforts (Article 14);
- testing and regulation of tobacco products (Article 9);
- strengthening of research capacity, including research on tobacco use prevalence and on health, social and economic indicators related to tobacco use (Article 20);
- measures to prevent illicit trade in tobacco products (Article 15).

Several Parties specifically indicated that they need to further strengthen their research capacity and programmes, including research on the prevalence of and the health, social and economic indicators related to tobacco use. In addition, Bhutan, Guyana and Solomon Islands stressed the need for a study on the economic impact of tobacco on their societies, while South Africa indicated the need for research in the area of illicit trade in tobacco products.

Constraints or barriers. Seventy-two Parties have reported more than 30 different constraints or barriers that they have encountered in implementing the Convention. The most frequently mentioned constraints are the following:

- interference by the tobacco industry in tobacco-control policy development;
- lack of or insufficient political will;
- insufficient level of financial resources for tobacco control; and
- lack or weakness of intersectoral coordination within the country, including the lack of understanding, interest or commitment of sectors other than health regarding the need for intersectoral action for tobacco control.

6. CONCLUSIONS

1. The transition to the new reporting cycle linked to regular sessions of the COP has been relatively smooth, with 72% of the Parties submitting reports in the 2012 reporting cycle. In general, the quality of the reports and Parties' compliance with the reporting instrument have improved and the amount of information, including supporting documents, has seen a notable increase, contributing to the objective of Parties sharing and learning from each others' experiences.

2. Within the overall progress being made in global implementation of the treaty, implementation rates continue to show disparities between different policy measures. Based on reports of the Parties, the four areas attracting the highest implementation rates are: protection from exposure to tobacco smoke (Article 8); education, communication and training (Article 12); sales to and by minors (Article 16); and packaging and labelling (Article 11). In contrast, the lowest implementation rates are seen in the areas of protection of the environment and the health of persons in respect of tobacco cultivation and manufacture (Article 18); international cooperation and provision of related expertise (Article 22); liability (Article 19); and support for economically viable alternatives (Article 17).

3. With regard to implementation of time-bound requirements of the treaty, the picture is also mixed. In relation to Article 11, more than half of the Parties that reached their three-year deadline are very close to reaching full compliance with all time-bound measures; however, only 20% of the Parties have indicated that they actually achieved full compliance. In relation to Article 13, around two thirds of the Parties that reached their five-year deadline reported introducing a comprehensive ban on advertising, promotion and sponsorship; at the same time, less than half of the Parties include cross-border advertising, promotion and sponsorship in their ban.

4. When comparison is made of progress between the initial (2007–2010) and 2012 reporting periods, the measures related to education, communication and training (Article 12), advertising, promotion and sponsorship (Article 13), and protection from exposure to tobacco smoke (Article 8), emerge as those with the highest positive changes in implementation rates. Lesser, but still notable, progress has been made in other areas: sales to and by minors (Article 16); research, surveillance and exchange of information (Article 20); implementation assistance received by the Parties (Article 22); and measures concerning tobacco dependence and cessation (Article 14).

5. Several Parties reported on recent measures that mark strong achievements that could inspire accelerated implementation internationally. Examples include banning the use of additives in tobacco products, large and prominent health warnings, plain packaging, comprehensive bans on the sale of tobacco products, and declaring the intention of becoming a tobacco-free country.

6. The measures related to international cooperation and mutual assistance between the Parties, with static overall implementation figures across the reporting periods, as reported by the Parties, continue to be in general underutilized, and thus have great potential for improvement.

7. Comparable data show a continued or emerging decrease of smoking prevalence in several Parties, particularly those with robust tobacco-control policies; however, more comparable data will be required, particularly from middle- and low-income countries, for an overall assessment in this regard, indicating the need for improved surveillance and monitoring in most Parties.

8. The trend also showed that novel products, often effectively marketed, are increasingly appearing on the market. Countries that have implemented effective anti-smoking policies and even experienced a decline in smoking prevalence now face the challenge of new smokeless tobacco products being introduced into their markets. Concerted action internationally will be required to address this growing challenge.

9. More than half of the Parties that reported in the latest reporting cycle noted a substantial number of constraints and barriers that prevent them from fully implementing the Convention. Interference by the tobacco industry, lack of sufficient commitment and mobilization of all relevant policy actors, and the mismatch between the level of financial resources and actual needs continue to pose challenges to full implementation.

ANNEX 1

REPORTS RECEIVED FROM THE PARTIES – STATUS AS AT 15 JUNE 2012

Parties	Reports submitted in the initial (2007-2011) reporting period			2012 report submitted[46]
	Entry into force	First (two-year) report submitted	Second (five-year) report submitted	
Afghanistan	11 Nov 2010	NA	NA	15 Apr 2012
Albania	25 Jul 2006	03 Aug 2008	–	29 Apr 2012
Algeria	28 Sep 2006	–	3 Feb 2011	30 Apr 2012
Angola	19 Dec 2007	–	–	–
Antigua and Barbuda	03 Sep 2006	03 Sep 2008	–	30 Apr 2012
Armenia	27 Feb 2005	20 Feb 2007	30 Jun 2010	–
Australia	27 Feb 2005	28 Feb 2007	31 Oct 2010	30 Apr 2012
Austria	14 Dec 2005	12 Dec 2007	–	30 Apr 2012
Azerbaijan	30 Jan 2006	05 May 2008	15 Mar 2011	NA
Bahamas	01 Feb 2010	NA	NA	23 May 2012
Bahrain	18 Jun 2007	20 Jun 2009	–	30 Apr 2012
Bangladesh	27 Feb 2005	27 Feb 2007	2 Mar 2010	13 May 2012
Barbados	01 Feb 2006	15 Jul 2008	–	30 Apr 2012
Belarus	07 Dec 2005	14 Apr 2010	7 Dec 2010	30 Apr 2012
Belgium	30 Jan 2006	06 Nov 2007	31 Jan 2011	NA
Belize	15 Mar 2006	09 Apr 2008	–	–
Benin	01 Feb 2006	–	22 Feb 2011	NA
Bhutan	27 Feb 2005	27 Feb 2007	18 Nov 2010	30 Apr 2012
Bolivia (Plurinational State of)	14 Dec 2005	–	–	6 May 2012
Bosnia and Herzegovina	08 Oct 2009	–	NA	27 Apr 2012
Botswana	01 May 2005	21 Dec 2007	–	30 Apr 2012
Brazil	01 Feb 2006	16 Jun 2008	9 Aug 2011	NA
Brunei Darussalam	27 Feb 2005	03 Jul 2007	1 Mar 2010	30 Mar 2012
Bulgaria	05 Feb 2006	1 Apr 2009	22 Feb 2011	NA
Burkina Faso	29 Oct 2006	23 Feb 2009	–	20 Apr 2012
Burundi	20 Feb 2006	27 Jan 2009	–	–
Cambodia	13 Feb 2006	23 Sep 2008	11 Feb 2011	NA
Cameroon	04 May 2006	8 Nov 2008	–	–
Canada	27 Feb 2005	23 Feb 2007	10 Mar 2010	28 Feb 2012
Cape Verde	02 Jan 2006	–	–	–

NA=Not applicable
–=Report not submitted

[46] As per decision FCTC/COP4(16), Parties that reported in 2011 according to the initial reporting cycle were not required to report again in 2012.

Parties	Reports submitted in the initial (2007-2011) reporting period			2012 report submitted[46]
	Entry into force	First (two-year) report submitted	Second (five-year) report submitted	
Central African Republic	05 Feb 2006	14 Jan 2010	–	1 Jun 2012
Chad	30 Apr 2006	8 Sep 2009	–	30 Apr 2012
Chile	11 Sep 2005	14 Jul 2008	–	28 May 2012
China	09 Jan 2006	14 Apr 2008	6 Jul 2011	NA
Colombia	09 Jul 2008	13 Sep 2010	NA	30 Apr 2012
Comoros	24 Apr 2006	12 May 2009	22 Apr 2011	31 Mar 2012
Congo	07 May 2007	21 May 2008	–	27 Apr 2012
Cook Islands	27 Feb 2005	24 Feb 2007	23 Mar 2010	3 Feb 2012
Costa Rica	19 Nov 2008	29 Mar 2011	NA	NA
Cote D'Ivoire	11 Nov 2010	NA	NA	–
Croatia	12 Oct 2008	11 Jan 2011	NA	NA
Cyprus	24 Jan 2006	25 Jul 2008	5 Aug 2011	NA
Democratic People's Republic of Korea	26 Jul 2005	–	–	2 Apr 2012
Democratic Republic of the Congo	26 Jan 2006	8 Sep 2009	–	–
Denmark	16 Mar 2005	01 Apr 2008	13 Jul 2010	30 Apr 2012
Djibouti	29 Oct 2005	05 Aug 2009	–	30 Apr 2012
Dominica	22 Oct 2006	–	–	–
Ecuador	23 Oct 2006	12 Nov 2008	–	28 Apr 2012
Egypt	26 May 2005	22 Apr 2009	16 Aug 2010	22 May 2012
Equatorial Guinea	16 Dec 2005	–	–	–
Estonia	25 Oct 2005	02 May 2007	–	27 Apr 2012
European Union	28 Sep 2005	21 Dec 2007	12 Nov 2010	–
Fiji	27 Feb 2005	02 May 2007	–	4 Apr 2012
Finland	24 Apr 2005	04 Jul 2007	23 Apr 2010	19 Apr 2012
France	27 Feb 2005	14 Jun 2007	8 Jul 2010	31 May 2012
Gabon	21 May 2009	–	NA	22 Apr 2012
Gambia	17 Dec 2007	21 Dec 2009	NA	4 May 2012
Georgia	15 May 2006	23 May 2008	–	10 Feb 2012
Germany	16 Mar 2005	25 Jun 2007	24 Feb 2010	25 Apr 2012
Ghana	27 Feb 2005	28 Feb 2007	18 Apr 2010	4 Jun 2012
Greece	27 Apr 2006	07 Oct 2008	–	30 May 2012
Grenada	12 Nov 2007	–	–	–
Guatemala	14 Feb 2006	09 Apr 2008	–	22 Mar 2012
Guinea	05 Feb 2008	–	–	–

Parties	Reports submitted in the initial (2007-2011) reporting period			2012 report submitted[46]
	Entry into force	First (two-year) report submitted	Second (five-year) report submitted	
Guinea-Bissau	05 Feb 2009	–	–	–
Guyana	14 Dec 2005	12 Dec 2007	12 Jan 2011	NA
Honduras	17 May 2005	17 May 2007	8 Apr 2011	NA
Hungary	27 Feb 2005	19 Mar 2007	19 Feb 2010	27 Apr 2012
Iceland	27 Feb 2005	30 Oct 2009	–	15 May 2012
India	27 Feb 2005	28 Feb 2007	11 Jun 2010	–
Iran (Islamic Republic of)	04 Feb 2006	21 Apr 2007	–	–
Iraq	15 Jun 2008	13 Jun 2010	–	1 May 2012
Ireland	05 Feb 2006	18 Jul 2008	24 Mar 2011	NA
Israel	22 Nov 2005	15 Jul 2008	–	23 May 2012
Italy	30 Sep 2008	4 Oct 2010	NA	27 Apr 2012
Jamaica	05 Oct 2005	18 Jul 2008	–	–
Japan	27 Feb 2005	27 Feb 2007	26 Feb 2010	27 Apr 2012
Jordan	27 Feb 2005	25 Feb 2007	25 Feb 2010	16 Feb 2012
Kazakhstan	22 Apr 2007	08 May 2009	–	17 Apr 2012
Kenya	27 Feb 2005	04 Apr 2007	10 Sep 2010	–
Kiribati	14 Dec 2005	–	–	–
Kuwait	10 Aug 2006	05 Jun 2008	30 Jun 2011	NA
Kyrgyzstan	23 Aug 2006	25 Aug 2008	–	2 Apr 2012
Lao People's Democratic Republic	5 Dec 2006	2 Mar 2010	–	28 Feb 2012
Latvia	11 May 2005	02 Jul 2007	31 Mar 2010	28 Feb 2012
Lebanon	07 Mar 2006	19 Aug 2009	7 Mar 2011	NA
Lesotho	14 Apr 2005	17 Nov 2008	13 May 2010	3 May 2012
Liberia	14 Dec 2009	–	–	–
Libya	05 Sep 2005	30 Jun 2009	–	5 Apr 2012
Lithuania	16 Mar 2005	16 Jan 2009	21 Apr 2010	26 Apr 2012
Luxembourg	28 Sep 2005	25 Sep 2007	12 Nov 2010	–
Madagascar	27 Feb 2005	28 Feb 2007	19 Jan 2012	9 Feb 2012
Malaysia	15 Dec 2005	17 Dec 2007	17 Dec 2010	13 Apr 2012
Maldives	27 Feb 2005	15 Feb 2007	–	–
Mali	17 Jan 2006	17 Mar 2009	–	13 Apr 2012
Malta	27 Feb 2005	18 May 2007	20 Jan 2011	NA
Marshall Islands	08 Mar 2005	04 Apr 2007	24 Mar 2010	–
Mauritania	26 Jan 2006	23 Dec 2009	–	–
Mauritius	27 Feb 2005	27 Feb 2007	1 Mar 2010	–

Parties	Reports submitted in the initial (2007-2011) reporting period			2012 report submitted[46]
	Entry into force	First (two-year) report submitted	Second (five-year) report submitted	
Mexico	27 Feb 2005	27 Feb 2007	23 Jun 2010	8 May 2012
Micronesia (Federated States of)	16 Jun 2005	18 Jun 2007	29 Sep 2010	26 Apr 2012
Mongolia	27 Feb 2005	27 Feb 2007	18 Jan 2011	8 Jun 2012
Montenegro	21 Jan 2007	27 Nov 2008	28 Nov 2011	NA
Myanmar	27 Feb 2005	30 Jan 2007	–	–
Namibia	05 Feb 2006	21 Oct 2008	6 Oct 2011	NA
Nauru	27 Feb 2005	24 May 2007	–	–
Nepal	05 Feb 2007	27 Feb 2007	NA	5 Apr 2012
Netherlands	27 Apr 2005	18 Sep 2008	27 Apr 2010	30 Mar 2012
New Zealand	27 Feb 2005	28 Feb 2007	26 Feb 2010	1 Jun 2012
Nicaragua	08 Jul 2008	–	–	–
Niger	23 Nov 2005	28 Jan 2009	–	13 Apr 2012
Nigeria	18 Jan 2006	14 Nov 2008	–	–
Niue	01 Sep 2005	28 Aug 2008	11 Nov 2010	–
Norway	27 Feb 2005	27 Feb 2007	22 Mar 2010	24 Apr 2012
Oman	07 Jun 2005	27 Jun 2007	19 Oct 2010	30 Apr 2012
Pakistan	27 Feb 2005	16 Feb 2009	30 Sep 2010	–
Palau	27 Feb 2005	26 Feb 2007	12 Mar 2010	1 May 2012
Panama	27 Feb 2005	21 Jun 2007	26 Feb 2010	16 Apr 2012
Papua New Guinea	23 Aug 2008	30 Jun 2009	NA	–
Paraguay	25 Dec 2006	16 Feb 2009	–	26 Apr 2012
Peru	28 Feb 2005	03 May 2007	–	28 Mar 2012
Philippines	04 Sep 2005	04 Sep 2008	3 Oct 2011	NA
Poland	14 Dec 2006	8 Jun 2010	–	–
Portugal	06 Feb 2006	27 Jun 2008	29 Apr 2011	NA
Qatar	27 Feb 2005	27 Feb 2007	27 Jul 2010	19 Mar 2012
Republic of Korea	14 Aug 2005	14 Sep 2007	–	28 Feb 2012
Republic of Moldova	04 May 2009	–	NA	8 May 2012
Romania	27 Apr 2006	18 Jun 2008	–	–
Russian Federation	01 Sep 2008	28 Oct 2010	NA	5 Apr 2012
Rwanda	17 Jan 2006	1 Sep 2009	–	25 Apr 2012
Saint Kitts and Nevis	19 Sep 2011	NA	NA	25 May 2012
Saint Vincent and the Grenadines	27 Jan 2011	NA	NA	1 Jun 2012
Saint Lucia	05 Feb 2006	–	–	–
Samoa	01 Feb 2006	3 Oct 2008	–	–

Parties	Reports submitted in the initial (2007-2011) reporting period			2012 report submitted[46]
	Entry into force	First (two-year) report submitted	Second (five-year) report submitted	
San Marino	27 Feb 2005	3 May 2010	25 Feb 2011	NA
Sao Tome and Principe	11 Jul 2006	28 Jul 2010	–	25 May 2012
Saudi Arabia	07 Aug 2005	28 Oct 2008	–	–
Senegal	27 Apr 2005	27 Apr 2007	–	30 Apr 2012
Serbia	09 May 2006	15 May 2008	9 May 2011	NA
Seychelles	27 Feb 2005	02 Mar 2007	18 May 2010	28 Mar 2012
Sierra Leone	20 Aug 2009	–	NA	15 Jun 2012
Singapore	27 Feb 2005	11 Apr 2007	22 Oct 2010	11 May 2012
Slovakia	27 Feb 2005	26 Feb 2007	5 Mar 2010	–
Slovenia	13 Jun 2005	4 Nov 2008	29 Jun 2010	26 Apr 2012
Solomon Islands	27 Feb 2005	–	22 Dec 2011	NA
South Africa	18 Jul 2005	18 Jul 2008	14 Dec 2010	4 May 2012
Spain	11 Apr 2005	13 Jun 2007	26 Oct 2010	2 Apr 2012
Sri Lanka	27 Feb 2005	27 Feb 2007	16 Apr 2011	NA
Sudan	29 Jan 2006	28 Jan 2008	–	27 May 2012
Suriname	16 Mar 2009	–	NA	19 Mar 2012
Swaziland	13 Apr 2006	11 Sep 2009	–	12 Mar 2012
Sweden	05 Oct 2005	27 Feb 2008	5 Nov 2010	13 Apr 2012
Syrian Arab Republic	27 Feb 2005	25 Feb 2007	12 Apr 2010	–
Thailand	27 Feb 2005	27 Feb 2007	29 Mar 2010	–
The Former Yugoslav Republic of Macedonia	28 Sep 2006	–	–	–
Timor-Leste	22 Mar 2005	16 Feb 2007	–	–
Togo	13 Feb 2006	–	24 Feb 2011	30 Apr 2012
Tonga	07 Jul 2005	30 Jun 2009	15 Nov 2011	NA
Trinidad and Tobago	27 Feb 2005	10 Apr 2007	8 Oct 2010	4 May 2012
Tunisia	05 Sep 2010	NA	NA	30 Apr 2012
Turkey	31 Mar 2005	19 Jun 2007	31 Mar 2010	27 Apr 2012
Turkmenistan	11 Aug 2011	NA	NA	–
Tuvalu	25 Dec 2005	22 Feb 2010	–	7 Jun 2012
Uganda	18 Sep 2007	17 Sep 2009	–	–
Ukraine	04 Sep 2006	29 Sep 2008	6 Sep 2011	NA
United Arab Emirates	05 Feb 2006	27 Jan 2009	–	20 Mar 2012
United Kingdom of Great Britain and Northern Ireland	16 Mar 2005	27 Feb 2007	4 Nov 2010	30 Apr 2012
United Republic of Tanzania	29 Jul 2007	–	–	–

Parties	Reports submitted in the initial (2007-2011) reporting period			2012 report submitted[46]
	Entry into force	First (two-year) report submitted	Second (five-year) report submitted	
Uruguay	27 Feb 2005	26 Feb 2007	28 May 2010	–
Vanuatu	15 Dec 2005	–	–	27 Apr 2012
Venezuela (Bolivarian Republic of)	25 Sep 2006	31 Mar 2009	–	–
Viet Nam	17 Mar 2005	27 Jun 2007	6 Sep 2011	NA
Yemen	23 May 2007	3 Nov 2009	NA	19 Apr 2012
Zambia	21 Aug 2008	–	NA	–

ANNEX 2

LIST OF INDICATORS DERIVING FROM THE REPORTING INSTRUMENT USED IN ASSESSING THE CURRENT STATUS OF IMPLEMENTATION

Article 5

- development and implementation of comprehensive, multisectoral, national tobacco-control strategies, plans and programmes*[47]
- existence of a focal point for tobacco control*[48]
- existence of a tobacco-control unit
- existence of a national coordinating mechanism for tobacco control*
- protection of public health policies from commercial and other vested interests of the tobacco industry*
- public access to a wide range of information on tobacco industry activities required*[49]

Article 6

- tax policies to reduce tobacco consumption implemented
- sales to international travellers of tobacco products prohibited or restricted
- tobacco imports by international travelers prohibited or restricted

Article 8

- tobacco smoking banned in indoor workplaces, public transport and indoor public places[50]
- comprehensiveness of protection in government buildings*
- comprehensiveness of protection in health-care facilities*
- comprehensiveness of protection in educational facilities*
- comprehensiveness of protection in universities
- comprehensiveness of protection in private workplaces*
- comprehensiveness of protection in aeroplanes
- comprehensiveness of protection in trains
- comprehensiveness of protection in ground public transport
- comprehensiveness of protection in ferries
- comprehensiveness of protection in motor vehicles used as places of work
- comprehensiveness of protection in private vehicles
- comprehensiveness of protection in cultural facilities*
- comprehensiveness of protection in shopping malls

---

[47] Those indicators marked with an asterisk constitute the 59 that were also used for a comparative analysis as explained in section 2 of the report.

[48] Combined with the existence of a national coordinating mechanism for tobacco control.

[49] Considered under Article 12 in the analysis on progress made across reporting cycles.

[50] In the analysis on the progress made across reporting cycles, three additional indicators were used: "protection from environmental tobacco smoke in indoor workplaces", "protection from environmental tobacco smoke in public transport" and "protection from environmental tobacco smoke in indoor public places".

- comprehensiveness of protection in pubs and bars*[51]
- comprehensiveness of protection in nightclubs
- comprehensiveness of protection in restaurants*

Article 9

- testing and measuring the contents of tobacco products required*
- testing and measuring the emissions of tobacco products required*
- regulating the contents of tobacco products required*
- regulating the emissions of tobacco products required*

Article 10

- disclosure of information to government authorities about the contents of tobacco products required*
- disclosure of information to government authorities about the emissions of tobacco products required
- public disclosure of the contents of tobacco products required
- public disclosure of the emissions of tobacco products required

Article 11

- requiring that packaging of tobacco products does not carry advertisement or promotion
- misleading descriptors required*
- health warnings required*
- requiring that health warnings be approved by the competent national authority*
- rotated health warnings*
- large, clear, visible and legible health warnings required*
- health warnings occupying no less than 30% of the principal display areas required*
- health warnings occupying 50% or more of the principal display areas required*
- health warnings in the form of pictures or pictograms required*
- information on constituents and emissions required on packages required*
- warning required in the principal language(s) of the country*

Article 12

- educational and public awareness programmes implemented*
- public agencies involved in programmes and strategies*
- nongovernmental organizations involved in programmes and strategies
- private organizations involved in programmes and strategies
- programmes are guided by research
- training programmes addressed to health workers implemented*[52]

[51] Combined with nightclubs in the analysis on the progress made across reporting cycles.

[52] The indicator used in the analysis of the progress made refers to "Special training or sensitization programmes on tobacco control addressed to various target groups".

- training programmes addressed to community workers implemented
- training programmes addressed to social workers implemented
- training programmes addressed to media professionals implemented
- training programmes addressed to educators implemented
- training programmes addressed to decision-makers implemented
- training programmes addressed to administrators implemented

Article 13

- comprehensive ban on all tobacco advertising promotion and sponsorship required*
- ban covering cross-border advertising, promotion and sponsorship originating from the country's territory required*

Article 14

- evidence-based comprehensive and integrated guidelines developed
- media campaigns to promote tobacco cessation implemented
- programmes designed for underage girls and young women implemented
- programmes designed for women implemented
- programmes designed for pregnant women implemented
- telephone quitlines introduced
- local events to promote cessation of tobacco use implemented
- programmes to promote cessation in educational institutions designed
- programmes to promote cessation in health-care facilities designed
- programmes to promote cessation in workplaces designed
- programmes to promote cessation in sporting environments designed
- diagnosis and treatment included in national tobacco-control programmes
- diagnosis and treatment included in national health programmes
- diagnosis and treatment included in national education programmes
- diagnosis and treatment included in the health-care system
- tobacco dependence treatment incorporated in the curricula of medical schools
- tobacco dependence treatment incorporated in the curricula of dental schools
- tobacco dependence treatment incorporated in the curricula of nursing schools
- tobacco dependence treatment incorporated in the curricula of pharmacy schools
- accessibility and affordability of pharmaceutical products facilitated

Article 15

- marking that assists in determining the origin of product required*
- marking that assists in identifying legally sold products required*
- statement on all packages of tobacco products required
- tracking regime to further secure the distribution system developed

- legible marking required*
- monitoring of cross-border trade required
- legislation against illicit trade enacted*
- destruction of confiscated manufacturing equipment required
- storage and distribution of tobacco products regulated
- confiscation of proceeds derived from illicit trade enabled*
- cooperation to eliminate illicit trade promoted
- licensing actions to control production and distribution required*

Article 16

- sales of tobacco products to minors prohibited*
- clear and prominent indicators required
- requirement that sellers request evidence of full legal age
- ban on sale of tobacco in any directly accessible manner
- manufacture and sale of any objects in the form of tobacco products prohibited
- sale of tobacco products from vending machines prohibited
- distribution of free tobacco products to the public prohibited*
- distribution of free tobacco products to minors prohibited*
- sale of cigarettes individually or in small packets prohibited*
- penalties against sellers provided for*
- sales of tobacco products by minors prohibited*

Article 17

- viable alternatives for tobacco growers promoted
- viable alternatives for tobacco workers promoted
- viable alternatives for tobacco sellers promoted

Article 18

- measures in respect of tobacco cultivation considering the protection of the environment implemented
- measures in respect of tobacco cultivation considering the health of persons implemented
- measures in respect of tobacco manufacturing for the protection of the environment implemented
- measures in respect of tobacco manufacturing considering the health of persons implemented

Article 19

- criminal and civil liability and compensation dealt with in legislation or relevant legislation promoted*
- any recorded launch of criminal and/or civil liability action

- legislative action taken against the tobacco industry for reimbursement of various costs

Article 20

- research on determinants of tobacco consumption promoted*[53]
- research on consequences of tobacco consumption promoted
- research on social and economic indicators promoted
- research on tobacco use among women promoted
- research on exposure to tobacco smoke promoted*
- research on identification of tobacco dependence treatment promoted
- research on alternative livelihoods promoted*
- training for those engaged in tobacco control provided*
- national system for surveillance of patterns of tobacco consumption established*
- national system for surveillance of determinants of tobacco consumption established
- national system for surveillance of consequences of tobacco consumption established
- national system for surveillance of indicators related to tobacco consumption established
- national system for surveillance of exposure to tobacco smoke established
- scientific and technical information exchanged*
- information on tobacco industry practices exchanged
- information on cultivation of tobacco exchanged
- database of laws and regulations on tobacco control established*
- database of information about the enforcement of laws established
- database of the pertinent jurisprudence established

Article 22

- assistance provided on transfer of skills and technology
- assistance provided on expertise for tobacco-control programmes
- assistance provided in training and sensitization of personnel
- assistance provided in equipment, supplies and logistics
- assistance provided in tobacco control methods, e.g. treatment of nicotine addiction
- assistance provided in research on affordability of addiction treatment
- international organizations encourage to provide support to developing country Parties

[53] Combined with research on consequences of tobacco consumption in the analysis of progress.

ANNEX 3

STATUS OF IMPLEMENTATION OF TIME-BOUND REQUIREMENTS OF THE CONVENTION

Party	Date of entry into force	Article 11 (three-year timeline)										Article 13 (five-year timeline)			
		Deadline	Misleading descriptors banned	Health warnings exist	Approved by the relevant authority	Warnings rotated	Clear, visible and legible warnings	No less than 30%	50% or more	Pictures or pictograms	Total	Deadline	Comprehensive ban*	Cross-border advertising	Total
Afghanistan	11/11/2010	11/11/2013										11/11/2015	X		1
Albania	25/07/2006	25/07/2009	X	X	X	X	X	X	X	X	8	25/07/2011	X	X	2
Algeria	28/09/2006	28/09/2009	X	X	X	X	X	X			6	28/09/2011	X	X	2
Antigua and Barbuda	03/09/2006	03/09/2009										03/09/2011			
Australia	27/02/2005	27/02/2008	X	X	X	X	X	X	X	X	8	27/02/2010	X	X	2
Austria	14/12/2005	14/12/2008	X	X	X	X	X	X			6	14/12/2010	X	X	2
Azerbaijan	30/01/2006	30/01/2009	X	X	X		X				4	30/01/2011			
Bahamas	01/02/2010	01/02/2013										01/02/2015			
Bahrain	18/06/2007	18/06/2010		X	X						2	18/06/2012	X		1
Bangladesh	27/02/2005	27/02/2008		X	X	X	X	X			5	27/02/2010	X	X	2
Barbados	01/02/2006	01/02/2009		X							1	01/02/2011			
Belarus	07/12/2005	07/12/2008	X	X	X	X	X	X			6	07/12/2010	X		1
Belgium	30/01/2006	30/01/2009	X	X	X	X	X	X		X	7	30/01/2011	X	X	2
Benin	01/02/2006	01/02/2009										01/02/2011			
Bhutan	27/02/2005	27/02/2008	X	X							2	27/02/2010	X		1
Bolivia (Plurinational State of)	14/12/2005	14/12/2008	X	X	X	X	X	X		X	7	14/12/2010			

* Comprehensive ban as defined by the Party. However, Parties' definitions of a comprehensive ban on advertising, promotion and sponsorship vary and do not always cover all of the specific measures called for by the guidelines for implementation of Article 13.

Party	Date of entry into force	Article 11 (three-year timeline)										Article 13 (five-year timeline)			
		Deadline	Misleading descriptors banned	Health warnings exist	Approved by the relevant authority	Warnings rotated	Clear, visible and legible warnings	No less than 30%	50% or more	Pictures or pictograms	Total	Deadline	Comprehensive ban*	Cross-border advertising	Total
Bosnia and Herzegovina	08/10/2009	08/10/2012	X	X	X	X	X	X	X		7	08/10/2014	X	X	2
Botswana	01/05/2005	01/05/2008	X	X	X	X	X	X	X		7	01/05/2010	X	X	2
Brazil	01/02/2006	01/02/2009	X	X	X	X	X	X	X	X	8	01/02/2011	X	X	2
Brunei Darussalam	27/02/2005	27/02/2008		X	X	X	X	X	X	X	7	27/02/2010			
Bulgaria	05/02/2006	05/02/2009	X	X	X		X	X	X		6	05/02/2011			
Burkina Faso	29/10/2006	29/10/2009	X	X	X	X	X	X	X	X	8	29/10/2011	X	X	2
Cambodia	13/02/2006	13/02/2009	X	X	X	X	X	X			6	13/02/2011			
Canada	27/02/2005	27/02/2008	X	X	X	X	X	X	X	X	8	27/02/2010			
Central African Republic	05/02/2006	05/02/2009										05/02/2011			
Chad	30/04/2006	30/04/2009		X				X	X	X	4	30/04/2011	X		1
Chile	11/09/2005	11/09/2008		X	X	X	X	X	X	X	7	11/09/2010			
China	09/01/2006	09/01/2009	X	X	X	X	X	X			6	09/01/2011			
Colombia	09/07/2008	09/07/2011	X	X	X	X	X	X		X	7	09/07/2013	X	X	2
Comoros	24/04/2006	24/04/2009	X	X	X	X	X	X	X	X	8	24/04/2011	X	X	2
Congo	07/05/2007	07/05/2010										07/05/2012			
Cook Islands	27/02/2005	27/02/2008	X	X	X	X	X	X	X	X	8	27/02/2010	X		1
Costa Rica	19/11/2008	19/11/2011	X	X	X	X	X		X	X	7	19/11/2013	X		1
Croatia	12/10/2008	12/10/2011	X	X	X	X		X			5	12/10/2013	X		1

Party	Date of entry into force	Article 11 (three-year timeline)										Article 13 (five-year timeline)			
		Deadline	Misleading descriptors banned	Health warnings exist	Approved by the relevant authority	Warnings rotated	Clear, visible and legible warnings	No less than 30%	50% or more	Pictures or pictograms	Total	Deadline	Comprehensive ban*	Cross-border advertising	Total
Cyprus	24/01/2006	24/01/2009	X	X	X	X		X			5	24/01/2011	X	X	2
Democratic People's Republic of Korea	26/07/2005	26/07/2008	X	X	X		X	X			5	26/07/2010	X		1
Denmark	16/03/2005	16/03/2008	X	X	X	X	X	X		X	7	16/03/2010	X		1
Djibouti	29/10/2005	29/10/2008	X	X	X	X	X	X	X	X	8	29/10/2010	X	X	2
Ecuador	23/10/2006	23/10/2009	X	X	X	X	X	X	X	X	8	23/10/2011			
Egypt	26/05/2005	26/05/2008		X		X	X	X	X	X	6	26/05/2010			
Estonia	25/10/2005	25/10/2008	X	X	X	X	X	X			6	25/10/2010	X		1
Fiji	27/02/2005	27/02/2008	X	X	X	X	X	X	X		7	27/02/2010	X		1
Finland	24/04/2005	24/04/2008	X	X	X	X	X	X			6	24/04/2010	X	X	2
France	27/02/2005	27/02/2008	X	X	X	X	X	X			6	27/02/2010	X	X	2
Gabon	21/05/2009	21/05/2012	X	X	X	X		X	X		6	21/05/2014			
Gambia	17/12/2007	17/12/2010	X	X	X	X	X	X			6	17/12/2012	X	X	2
Georgia	15/05/2006	15/05/2009	X	X	X	X	X	X			6	15/05/2011			
Germany	16/03/2005	16/03/2008	X	X	X	X	X	X			6	16/03/2010	X	X	2
Ghana	27/02/2005	27/02/2008	X	X	X	X	X	X	X		7	27/02/2010			
Greece	27/04/2006	27/04/2009	X	X	X	X	X	X			6	27/04/2011	X	X	2

Party	Date of entry into force	Article 11 (three-year timeline)										Article 13 (five-year timeline)			
		Deadline	Misleading descriptors banned	Health warnings exist	Approved by the relevant authority	Warnings rotated	Clear, visible and legible warnings	No less than 30%	50% or more	Pictures or pictograms	Total	Deadline	Comprehensive ban*	Cross-border advertising	Total
Guatemala	14/02/2006	14/02/2009	X	X	X	X					4	14/02/2011			
Guyana	14/12/2005	14/12/2008	X	X	X	X	X	X	X		7	14/12/2010			
Honduras	17/05/2005	17/05/2008	X	X	X	X	X	X	X	X	8	17/05/2010	X	X	2
Hungary	27/02/2005	27/02/2008	X	X	X	X	X	X		X	7	27/02/2010	X	X	2
Iceland	27/02/2005	27/02/2008	X	X	X	X	X	X		X	7	27/02/2010	X		1
Iraq	15/06/2008	15/06/2011			X		X				2	15/06/2013			
Ireland	05/02/2006	05/02/2009	X	X	X	X	X	X			6	05/02/2011	X	X	2
Israel	22/11/2005	22/11/2008	X	X	X	X	X	X			6	22/11/2010			
Italy	30/09/2008	30/09/2011	X	X	X	X	X	X			6	30/09/2013	X	X	2
Japan	27/02/2005	27/02/2008	X	X	X	X	X	X			6	27/02/2010			
Jordan	27/02/2005	27/02/2008	X	X	X	X	X	X	X	X	8	27/02/2010	X		1
Kazakhstan	22/04/2007	22/04/2010	X	X	X	X	X	X		X	7	22/04/2012	X		1
Kuwait	10/08/2006	10/08/2009		X	X		X				3	10/08/2011	X		1
Kyrgyz Republic	23/08/2006	23/08/2009	X	X	X	X	X		X	X	7	23/08/2011	X	X	2
Lao People's Democratic Republic	05/12/2006	05/12/2009	X	X	X	X	X	X			6	05/12/2011			
Latvia	11/05/2005	11/05/2008	X	X	X	X	X	X		X	7	11/05/2010	X	X	2

Party	Date of entry into force	Article 11 (three-year timeline)										Article 13 (five-year timeline)			
		Deadline	Misleading descriptors banned	Health warnings exist	Approved by the relevant authority	Warnings rotated	Clear, visible and legible warnings	No less than 30%	50% or more	Pictures or pictograms	Total	Deadline	Comprehensive ban*	Cross-border advertising	Total
Lebanon	07/03/2006	07/03/2009		X	X			X			3	07/03/2011			
Lesotho	14/04/2005	14/04/2008										14/04/2010			
Libya	05/09/2005	05/09/2008		X	X	X	X	X	X		6	05/09/2010	X	X	2
Lithuania	16/03/2005	16/03/2008	X	X	X	X	X	X			6	16/03/2010			
Madagascar	27/02/2005	27/02/2008	X		X		X	X	X		5	27/02/2010	X	X	2
Malaysia	15/12/2005	15/12/2008	X	X	X	X	X	X	X	X	8	15/12/2010	X	X	2
Mali	17/01/2006	17/01/2009	X	X	X		X	X			5	17/01/2011	X	X	2
Malta	27/02/2005	27/02/2008	X	X	X	X	X	X	X		7	27/02/2010	X	X	2
Mexico	27/02/2005	27/02/2008	X	X	X	X	X	X	X	X	8	27/02/2010			
Micronesia (Federated States of)	16/06/2005	16/06/2008										16/06/2010	X	X	2
Mongolia	27/02/2005	27/02/2008	X	X	X	X	X		X	X	7	27/02/2010	X	X	2
Montenegro	21/01/2007	21/01/2010	X	X	X	X	X	X		X	7	21/01/2012	X		1
Namibia	05/02/2006	05/02/2009	X	X	X	X	X	X	X	X	8	05/02/2011	X		1
Nepal	05/02/2007	05/02/2010	X	X	X	X	X	X	X	X	8	05/02/2012	X		1
Netherlands	27/04/2005	27/04/2008	X	X	X	X	X	X			6	27/04/2010			
New Zealand	27/02/2005	27/02/2008	X	X	X	X	X	X	X	X	8	27/02/2010	X	X	2

Party	Date of entry into force	Article 11 (three-year timeline)										Article 13 (five-year timeline)			
		Deadline	Misleading descriptors banned	Health warnings exist	Approved by the relevant authority	Warnings rotated	Clear, visible and legible warnings	No less than 30%	50% or more	Pictures or pictograms	Total	Deadline	Comprehensive ban*	Cross-border advertising	Total
Niger	23/11/2005	23/11/2008	X	X	X		X				4	23/11/2010	X		1
Norway	27/02/2005	27/02/2008	X	X	X	X	X	X		X	7	27/02/2010	X		1
Oman	07/06/2005	07/06/2008	X	X	X	X	X	X	X	X	8	07/06/2010	X		1
Palau	27/02/2005	27/02/2008										27/02/2010	X	X	2
Panama	27/02/2005	27/02/2008	X	X	X	X	X	X	X	X	8	27/02/2010	X	X	2
Paraguay	25/12/2006	25/12/2009										25/12/2011			
Peru	28/02/2005	28/02/2008	X	X	X	X	X		X	X	7	28/02/2010			
Philippines	04/09/2005	04/09/2008	X	X	X	X	X	X		X	7	04/09/2010			
Portugal	06/02/2006	06/02/2009	X	X	X	X	X	X			6	06/02/2011	X	X	2
Qatar	27/02/2005	27/02/2008	X	X	X		X		X	X	6	27/02/2010	X	X	2
Republic of Korea	14/08/2005	14/08/2008		X	X	X	X	X			5	14/08/2010			
Republic of Moldova	04/05/2009	04/05/2012	X	X	X	X	X	X			6	04/05/2014			
Russian Federation	01/09/2008	01/09/2011		X			X	X	X		4	01/09/2013			
Rwanda	17/01/2006	17/01/2009										17/01/2011	X	X	2
Saint Kitts and Nevis	19/09/2011	19/09/2014										19/09/2016			
Saint Vincent and the Grenadines	27/01/2011	27/01/2014										27/01/2016			
San Marino	27/02/2005	27/02/2008	X								1	27/02/2010	X		1

Party	Date of entry into force	Article 11 (three-year timeline)										Article 13 (five-year timeline)			
		Deadline	Misleading descriptors banned	Health warnings exist	Approved by the relevant authority	Warnings rotated	Clear, visible and legible warnings	No less than 30%	50% or more	Pictures or pictograms	Total	Deadline	Comprehensive ban*	Cross-border advertising	Total
Sao Tome and Principe	11/07/2006	11/07/2009										11/07/2011			
Senegal	27/04/2005	27/04/2008										27/04/2010			
Serbia	09/05/2006	09/05/2009	X	X	X	X	X	X			6	09/05/2011	X		1
Seychelles	27/02/2005	27/02/2008	X	X	X	X	X	X	X	X	8	27/02/2010	X	X	2
Sierra Leone	20/08/2009	20/08/2012										20/08/2014			
Singapore	27/02/2005	27/02/2008	X	X	X	X	X	X	X	X	8	27/02/2010	X		1
Slovenia	13/06/2005	13/06/2008	X	X	X	X	X	X			6	13/06/2010	X	X	2
Solomon Islands	27/02/2005	27/02/2008	X	X	X	X	X	X		X	7	27/02/2010	X	X	2
South Africa	18/07/2005	18/07/2008	X	X	X	X	X			X	6	18/07/2010	X		1
Spain	11/04/2005	11/04/2008	X	X	X	X	X	X		X	7	11/04/2010	X	X	2
Sri Lanka	27/02/2005	27/02/2008		X		X	X				3	27/02/2010	X		1
Sudan	29/01/2006	29/01/2009										29/01/2011	X	X	2
Suriname	16/03/2009	16/03/2012	X	X	X	X	X			X	6	16/03/2014	X		1
Swaziland	13/04/2006	13/04/2009	X	X	X	X	X	X	X	X	8	13/04/2011	X	X	2
Sweden	05/10/2005	05/10/2008	X	X		X	X	X			5	05/10/2010	X	X	2
Togo	13/02/2006	13/02/2009	X	X	X	X	X	X	X		7	13/02/2011	X	X	2
Tonga	07/07/2005	07/07/2008	X	X	X	X	X	X			6	07/07/2011	X	X	2

Party	Date of entry into force	Article 11 (three-year timeline)										Article 13 (five-year timeline)			
		Deadline	Misleading descriptors banned	Health warnings exist	Approved by the relevant authority	Warnings rotated	Clear, visible and legible warnings	No less than 30%	50% or more	Pictures or pictograms	Total	Deadline	Comprehensive ban*	Cross-border advertising	Total
Trinidad and Tobago	27/02/2005	27/02/2008	X	X	X	X	X	X	X	X	8	27/02/2010	X	X	2
Tunisia	05/09/2010	05/09/2013		X	X						2	05/09/2015	X	X	2
Turkey	31/03/2005	31/03/2008	X	X	X	X	X	X		X	7	31/03/2010	X		1
Tuvalu	25/12/2005	25/12/2008	X	X		X	X	X		X	6	25/12/2010	X		1
Ukraine	04/09/2006	04/09/2009	X	X	X	X	X	X	X	X	8	04/09/2011			
United Arab Emirates	05/02/2006	05/02/2009	X	X	X	X	X	X	X		7	05/02/2011	X	X	2
United Kingdom of Great Britain and Northern Ireland	16/03/2005	16/03/2008	X	X	X	X	X	X		X	7	16/03/2010	X	X	2
Vanuatu	15/12/2005	15/12/2008	X	X	X	X	X	X	X	X	8	15/12/2010	X	X	2
Viet Nam	17/03/2005	17/03/2008	X	X	X	X	X	X			6	17/03/2010	X		1
Yemen	23/05/2007	23/05/2010	X	X	X	X	X	X		X	7	23/05/2012	X		1

Party	Date of entry into force	Article 8 (five-year timeline as recommended in the guidelines)[54]																
		Deadline	Government buildings	Health-care facilities	Educational facilities	Universities	Private workplaces	Aeroplanes	Trains	Ferries	Ground public transport	Motor vehicles used as places of work	Private vehicles	Cultural facilities	Shopping malls	Pubs and bars	Nightclubs	Restaurants	Total
Afghanistan	11/11/2010	11/11/2015	X	X	X	X		X			X	X		X				X	9
Albania	25/07/2006	25/07/2011	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X	15
Algeria	28/09/2006	28/09/2011	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X	15
Antigua and Barbuda	03/09/2006	03/09/2011	X									X							2
Australia	27/02/2005	27/02/2010	X	X	X	X		X	X	X	X	X		X	X	X	X	X	14
Austria	14/12/2005	14/12/2010			X			X	X	X	X	X		X	X	X	X	X	11
Azerbaijan	30/01/2006	30/01/2011		X				X						X					3
Bahamas	01/02/2010	01/02/2015	X	X	X	X		X						X	X				7
Bahrain	18/06/2007	18/06/2012	X	X				X				X		X	X				6
Bangladesh	27/02/2005	27/02/2010	X	X	X			X	X	X	X								7
Barbados	01/02/2006	01/02/2011	X	X	X	X	X				X	X		X	X	X	X	X	12
Belarus	07/12/2005	07/12/2010	X	X	X	X		X			X			X	X				8
Belgium	30/01/2006	30/01/2011	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X	15
Benin	01/02/2006	01/02/2011		X		X	X	X	X		X	X							7
Bhutan	27/02/2005	27/02/2010	X	X	X	X	X	X			X	X	X	X	X	X	X	X	14
Bolivia (Plurinational State of)	14/12/2005	14/12/2010	X	X				X			X	X							5

* Complete ban on tobacco smoking by types of public places. Several Parties that reported few or no public places covered by a complete ban also provided explanations on their interpretation of the completeness or partiality of their respective regulations.

Party	Date of entry into force	Article 8 (five-year timeline as recommended in the guidelines)[54]																
		Deadline	Government buildings	Health-care facilities	Educational facilities	Universities	Private workplaces	Aeroplanes	Trains	Ferries	Ground public transport	Motor vehicles used as places of work	Private vehicles	Cultural facilities	Shopping malls	Pubs and bars	Nightclubs	Restaurants	Total
Bosnia and Herzegovina	08/10/2009	08/10/2014	X	X	X	X	X	X	X	X	X	X	X	X	X			X	14
Botswana	01/05/2005	01/05/2010	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X	15
Brazil	01/02/2006	01/02/2011	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X	15
Brunei Darussalam	27/02/2005	27/02/2010	X	X	X	X					X	X		X	X			X	9
Bulgaria	05/02/2006	05/02/2011						X	X		X	X							4
Burkina Faso	29/10/2006	29/10/2011	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	16
Cambodia	13/02/2006	13/02/2011	X	X	X			X											4
Canada	27/02/2005	27/02/2010	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X	15
Central African Republic	05/02/2006	05/02/2011																	
Chad	30/04/2006	30/04/2011	X	X	X	X	X	X	X	X	X	X	X						11
Chile	11/09/2005	11/09/2010			X			X	X	X	X								5
China	09/01/2006	09/01/2011			X	X													2
Colombia	09/07/2008	09/07/2013	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	16
Comoros	24/04/2006	24/04/2011	X	X	X	X	X	X			X	X	X	X	X	X	X	X	14
Congo	07/05/2007	07/05/2012						X											1
Cook Islands	27/02/2005	27/02/2010	X	X	X	X		X		X	X	X		X	X	X	X	X	13
Costa Rica	19/11/2008	19/11/2013	X	X	X	X	X	X	X		X	X		X	X	X	X	X	14

Party	Date of entry into force	Article 8 (five-year timeline as recommended in the guidelines)[54]																
		Deadline	Government buildings	Health-care facilities	Educational facilities	Universities	Private workplaces	Aeroplanes	Trains	Ferries	Ground public transport	Motor vehicles used as places of work	Private vehicles	Cultural facilities	Shopping malls	Pubs and bars	Nightclubs	Restaurants	Total
Croatia	12/10/2008	12/10/2013	X	X	X			X	X		X	X		X					8
Cyprus	24/01/2006	24/01/2011	X	X	X	X		X			X	X		X	X	X	X	X	12
Democratic People's Republic of Korea	26/07/2005	26/07/2010	X	X	X	X		X		X	X			X	X				9
Denmark	16/03/2005	16/03/2010						X	X		X	X							4
Djibouti	29/10/2005	29/10/2010	X	X	X	X	X	X	X	X	X			X	X				11
Ecuador	23/10/2006	23/10/2011	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X	15
Egypt	26/05/2005	26/05/2010		X	X			X	X	X				X					6
Estonia	25/10/2005	25/10/2010			X			X			X	X							4
Fiji	27/02/2005	27/02/2010	X	X	X		X	X	X	X	X	X		X				X	11
Finland	24/04/2005	24/04/2010			X			X											2
France	27/02/2005	27/02/2010	X	X	X			X	X		X								6
Gabon	21/05/2009	21/05/2014						X											1
Gambia	17/12/2007	17/12/2012									X	X							2
Georgia	15/05/2006	15/05/2011						X											1
Germany	16/03/2005	16/03/2010	X	X				X	X		X	X							6
Ghana	27/02/2005	27/02/2010		X	X			X	X		X								5

Party	Date of entry into force	Article 8 (five-year timeline as recommended in the guidelines)[54]																
		Deadline	Government buildings	Health-care facilities	Educational facilities	Universities	Private workplaces	Aeroplanes	Trains	Ferries	Ground public transport	Motor vehicles used as places of work	Private vehicles	Cultural facilities	Shopping malls	Pubs and bars	Nightclubs	Restaurants	Total
Greece	27/04/2006	27/04/2011	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X	15
Guatemala	14/02/2006	14/02/2011	X	X	X	X	X	X			X	X		X	X	X	X	X	13
Guyana	14/12/2005	14/12/2010		X	X														2
Honduras	17/05/2005	17/05/2010	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	16
Hungary	27/02/2005	27/02/2010	X	X	X	X	X		X		X			X	X	X	X	X	12
Iceland	27/02/2005	27/02/2010	X	X	X	X		X	X		X	X		X	X	X	X	X	13
Iraq	15/06/2008	15/06/2013		X				X											2
Ireland	05/02/2006	05/02/2011	X	X	X	X	X	X	X		X	X		X	X	X	X	X	14
Israel	22/11/2005	22/11/2010	X	X				X	X		X								5
Italy	30/09/2008	30/09/2013		X				X	X		X	X							5
Japan	27/02/2005	27/02/2010																	
Jordan	27/02/2005	27/02/2010		X			X	X						X					4
Kazakhstan	22/04/2007	22/04/2012	X	X	X	X		X						X	X				7
Kuwait	10/08/2006	10/08/2011						X		X									2
Kyrgyz Republic	23/08/2006	23/08/2011	X	X	X	X		X			X	X							7
Lao People's Democratic Republic	05/12/2006	05/12/2011	X	X	X			X				X		X					6

Party	Date of entry into force	Article 8 (five-year timeline as recommended in the guidelines)[54]																
		Deadline	Government buildings	Health-care facilities	Educational facilities	Universities	Private workplaces	Aeroplanes	Trains	Ferries	Ground public transport	Motor vehicles used as places of work	Private vehicles	Cultural facilities	Shopping malls	Pubs and bars	Nightclubs	Restaurants	Total
Latvia	11/05/2005	11/05/2010			X	X		X	X	X	X	X		X	X	X	X	X	12
Lebanon	07/03/2006	07/03/2011	X	X	X	X		X	X	X	X	X		X	X	X	X	X	14
Lesotho	14/04/2005	14/04/2010	X	X														X	3
Libya	05/09/2005	05/09/2010	X	X	X	X		X			X			X	X		X		9
Lithuania	16/03/2005	16/03/2010		X	X						X	X		X	X	X		X	8
Madagascar	27/02/2005	27/02/2010	X	X	X	X		X	X	X	X	X							9
Malaysia	15/12/2005	15/12/2010	X	X	X	X		X	X	X	X	X		X	X				11
Mali	17/01/2006	17/01/2011						X											1
Malta	27/02/2005	27/02/2010	X	X	X		X	X			X	X		X		X	X	X	11
Mexico	27/02/2005	27/02/2010			X			X	X		X	X			X				6
Micronesia (Federated States of)	16/06/2005	16/06/2010	X	X				X											3
Mongolia	27/02/2005	27/02/2010																	
Montenegro	21/01/2007	21/01/2012	X	X	X		X	X	X		X	X		X		X	X	X	12
Namibia	05/02/2006	05/02/2011	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X	15
Nepal	05/02/2007	05/02/2012	X	X	X	X		X	X	X	X	X	X	X	X	X		X	14
Netherlands	27/04/2005	27/04/2010	X	X	X	X		X	X	X	X	X		X	X		X	X	13

Party	Date of entry into force	Article 8 (five-year timeline as recommended in the guidelines)[54]																
		Deadline	Government buildings	Health-care facilities	Educational facilities	Universities	Private workplaces	Aeroplanes	Trains	Ferries	Ground public transport	Motor vehicles used as places of work	Private vehicles	Cultural facilities	Shopping malls	Pubs and bars	Nightclubs	Restaurants	Total
New Zealand	27/02/2005	27/02/2010	X		X	X	X	X	X	X	X	X		X	X	X	X	X	14
Niger	23/11/2005	23/11/2010		X	X	X		X	X	X	X	X							8
Norway	27/02/2005	27/02/2010			X			X			X	X				X	X	X	7
Oman	07/06/2005	07/06/2010	X	X	X	X		X		X	X			X	X		X	X	11
Palau	27/02/2005	27/02/2010	X	X	X	X	X	X		X	X	X		X	X				11
Panama	27/02/2005	27/02/2010	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X	15
Paraguay	25/12/2006	25/12/2011	X	X	X	X	X	X			X			X	X	X	X	X	12
Peru	28/02/2005	28/02/2010	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	16
Philippines	04/09/2005	04/09/2010	X	X	X	X	X	X	X		X								8
Portugal	06/02/2006	06/02/2011		X	X	X		X	X		X	X		X					8
Qatar	27/02/2005	27/02/2010	X	X				X		X								X	5
Republic of Korea	14/08/2005	14/08/2010	X	X	X	X	X	X	X	X	X			X	X				11
Republic of Moldova	04/05/2009	04/05/2014	X	X	X	X		X	X		X	X							8
Russian Federation	01/09/2008	01/09/2013																	
Rwanda	17/01/2006	17/01/2011	X	X	X	X	X	X		X	X	X		X	X	X	X	X	14
Saint Kitts and Nevis	19/09/2011	19/09/2016																	

Party	Date of entry into force	Article 8 (five-year timeline as recommended in the guidelines)[54]																
		Deadline	Government buildings	Health-care facilities	Educational facilities	Universities	Private workplaces	Aeroplanes	Trains	Ferries	Ground public transport	Motor vehicles used as places of work	Private vehicles	Cultural facilities	Shopping malls	Pubs and bars	Nightclubs	Restaurants	Total
Saint Vincent and the Grenadines	27/01/2011	27/01/2016																
San Marino	27/02/2005	27/02/2010	X	X	X	X				X	X	X		X					8
Sao Tome and Principe	11/07/2006	11/07/2011																	
Senegal	27/04/2005	27/04/2010																	
Serbia	09/05/2006	09/05/2011	X	X	X	X	X	X	X	X	X	X		X	X				12
Seychelles	27/02/2005	27/02/2010	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X	15
Sierra Leone	20/08/2009	20/08/2014																	
Singapore	27/02/2005	27/02/2010	X	X	X	X	X	X	X		X	X		X	X			X	12
Slovenia	13/06/2005	13/06/2010	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X	15
Solomon Islands	27/02/2005	27/02/2010	X	X	X	X		X				X							6
South Africa	18/07/2005	18/07/2010						X			X	X							3
Spain	11/04/2005	11/04/2010	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X	15
Sri Lanka	27/02/2005	27/02/2010	X	X	X			X	X		X			X		X	X	X	10
Sudan	29/01/2006	29/01/2011																	
Suriname	16/03/2009	16/03/2014	X	X	X	X		X			X	X							7
Swaziland	13/04/2006	13/04/2011	X	X	X	X		X			X	X		X	X			X	10

Party	Date of entry into force	Article 8 (five-year timeline as recommended in the guidelines)[54]																
		Deadline	Government buildings	Health-care facilities	Educational facilities	Universities	Private workplaces	Aeroplanes	Trains	Ferries	Ground public transport	Motor vehicles used as places of work	Private vehicles	Cultural facilities	Shopping malls	Pubs and bars	Nightclubs	Restaurants	Total
Sweden	05/10/2005	05/10/2010																
Togo	13/02/2006	13/02/2011	X	X	X	X	X	X	X	X	X	X		X	X				12
Tonga	07/07/2005	07/07/2010	X	X	X	X	X	X		X	X	X	X						10
Trinidad and Tobago	27/02/2005	27/02/2010	X	X	X	X	X	X		X	X	X		X	X	X	X	X	14
Tunisia	05/09/2010	05/09/2015		X	X	X		X	X	X					X				7
Turkey	31/03/2005	31/03/2010	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X	15
Tuvalu	25/12/2005	25/12/2010	X	X	X	X		X			X	X							7
Ukraine	04/09/2006	04/09/2011		X	X	X		X	X		X								6
United Arab Emirates	05/02/2006	05/02/2011	X	X	X		X	X	X		X	X	X	X					10
United Kingdom of Great Britain and Northern Ireland	16/03/2005	16/03/2010	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X	15
Vanuatu	15/12/2005	15/12/2010						X											1
Viet Nam	17/03/2005	17/03/2010	X	X	X	X		X	X		X	X		X					9
Yemen	23/05/2007	23/05/2012						X			X								2

Convention Secretariat
WHO Framework Convention on Tobacco Control
World Health Organization
Avenue Appia 20, 1211 Geneva 27, Switzerland
Tel: +4122 791 5043
Fax: +4122 791 5830
Email: fctcsecretariat@who.int
Web: www.who.int/fctc

ISBN 978 92 4 150465 2